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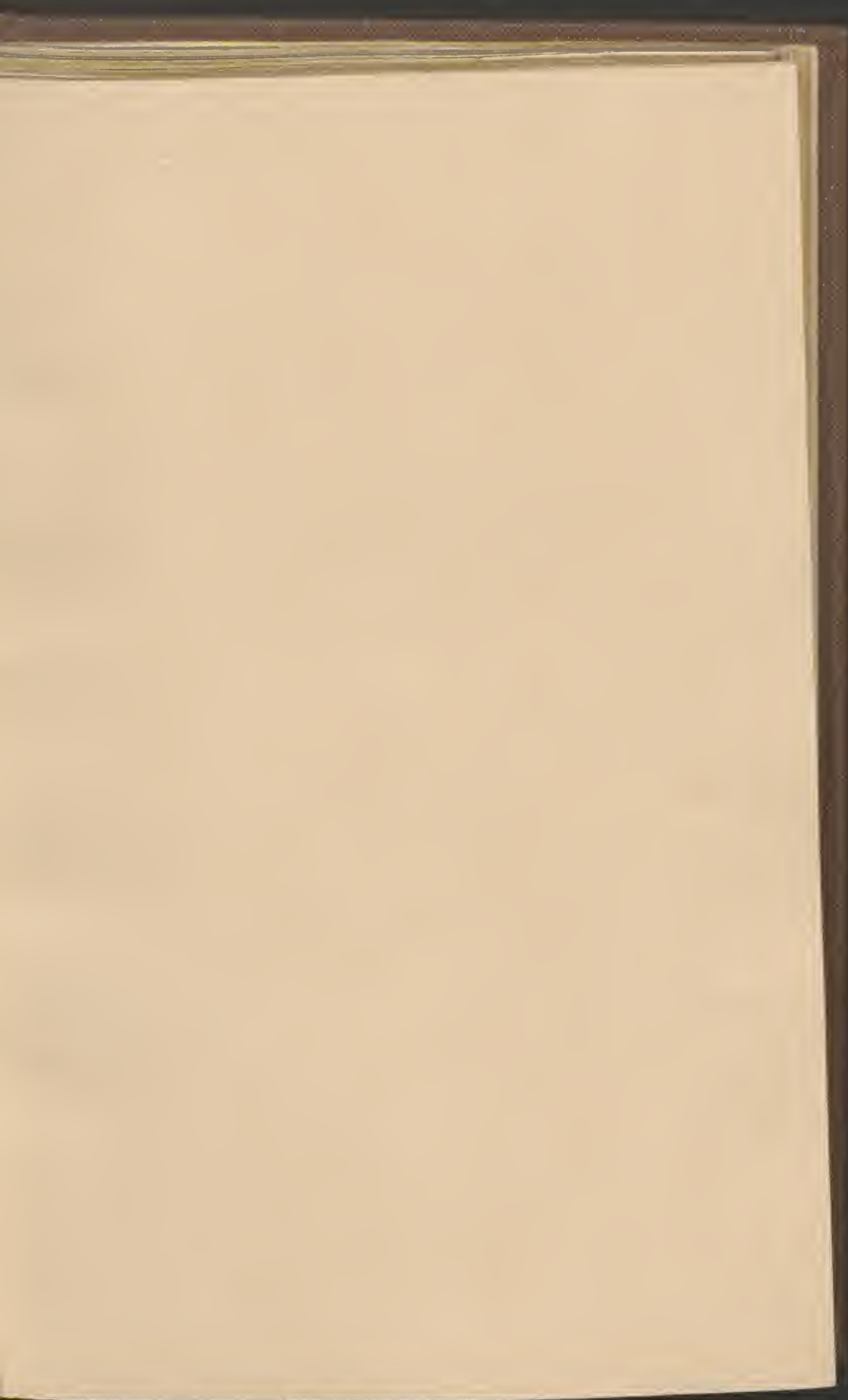
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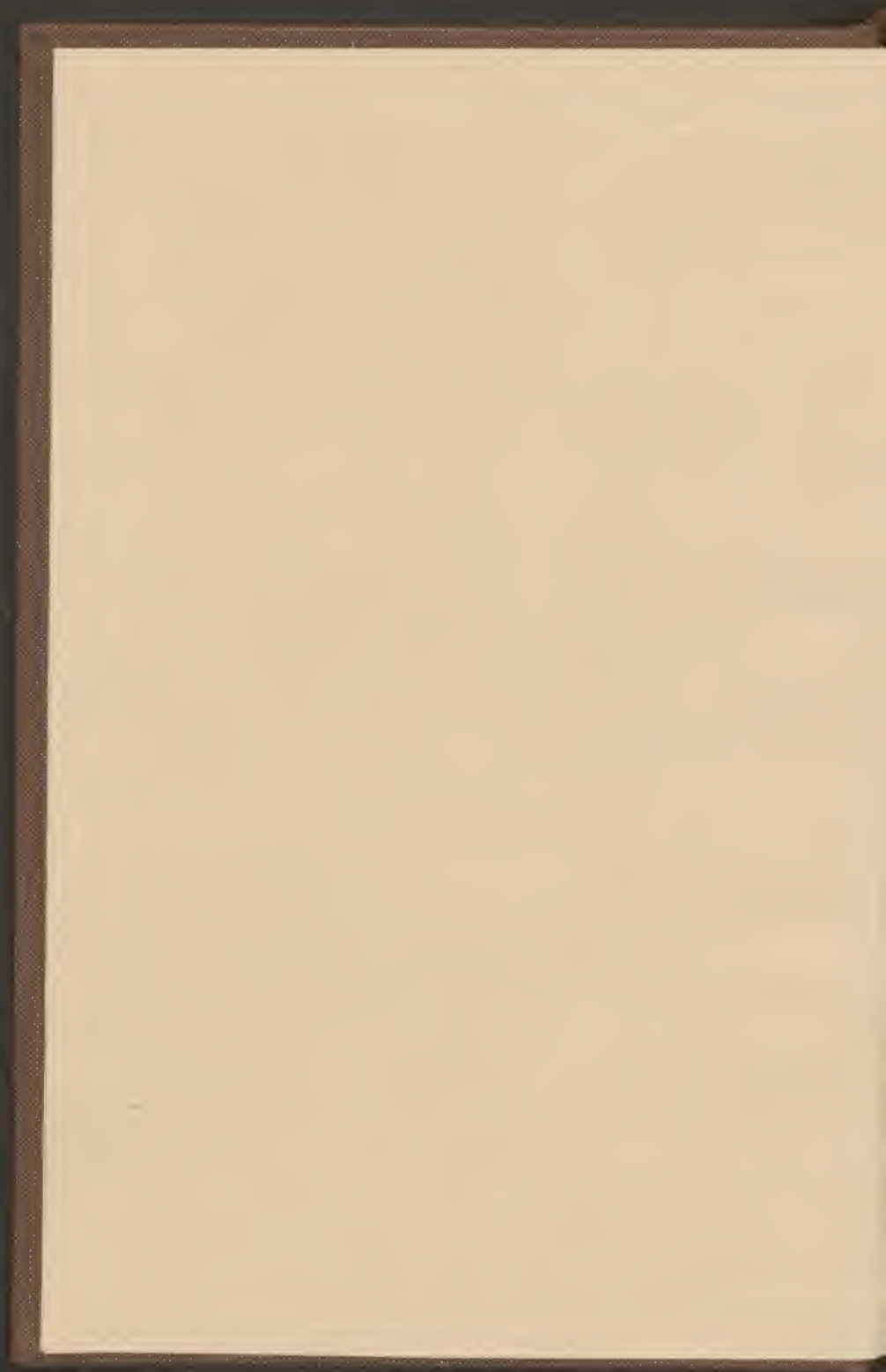
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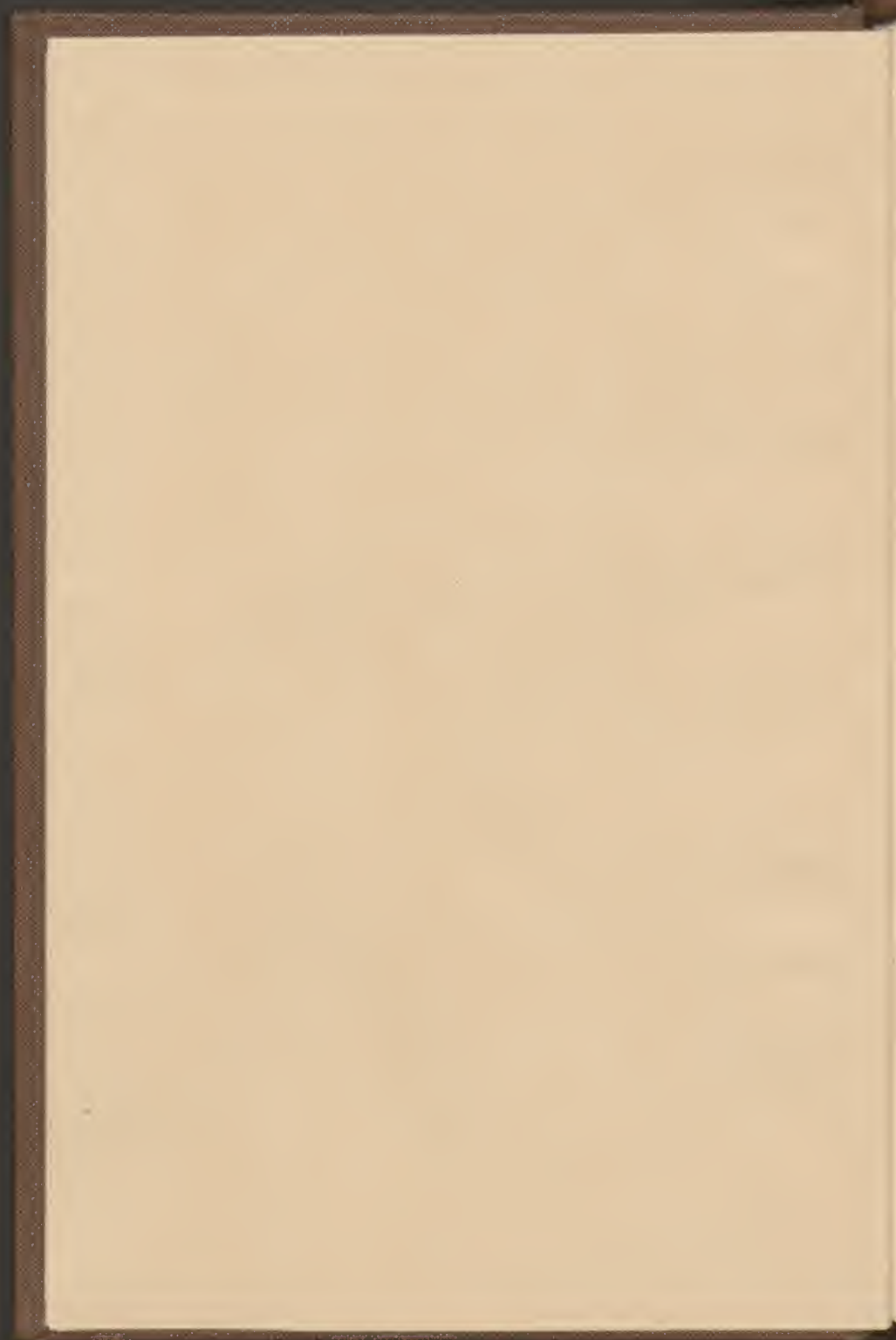
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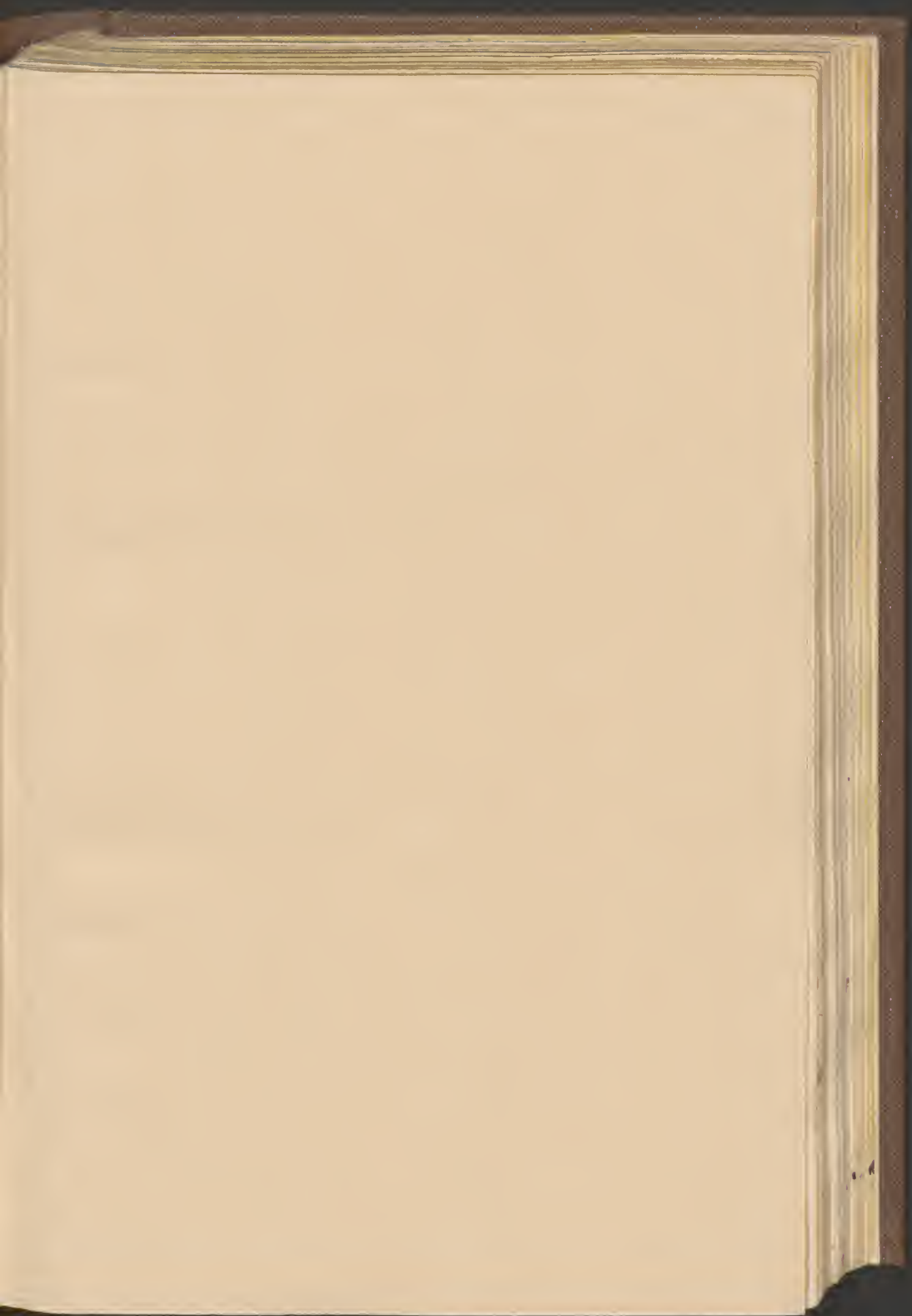


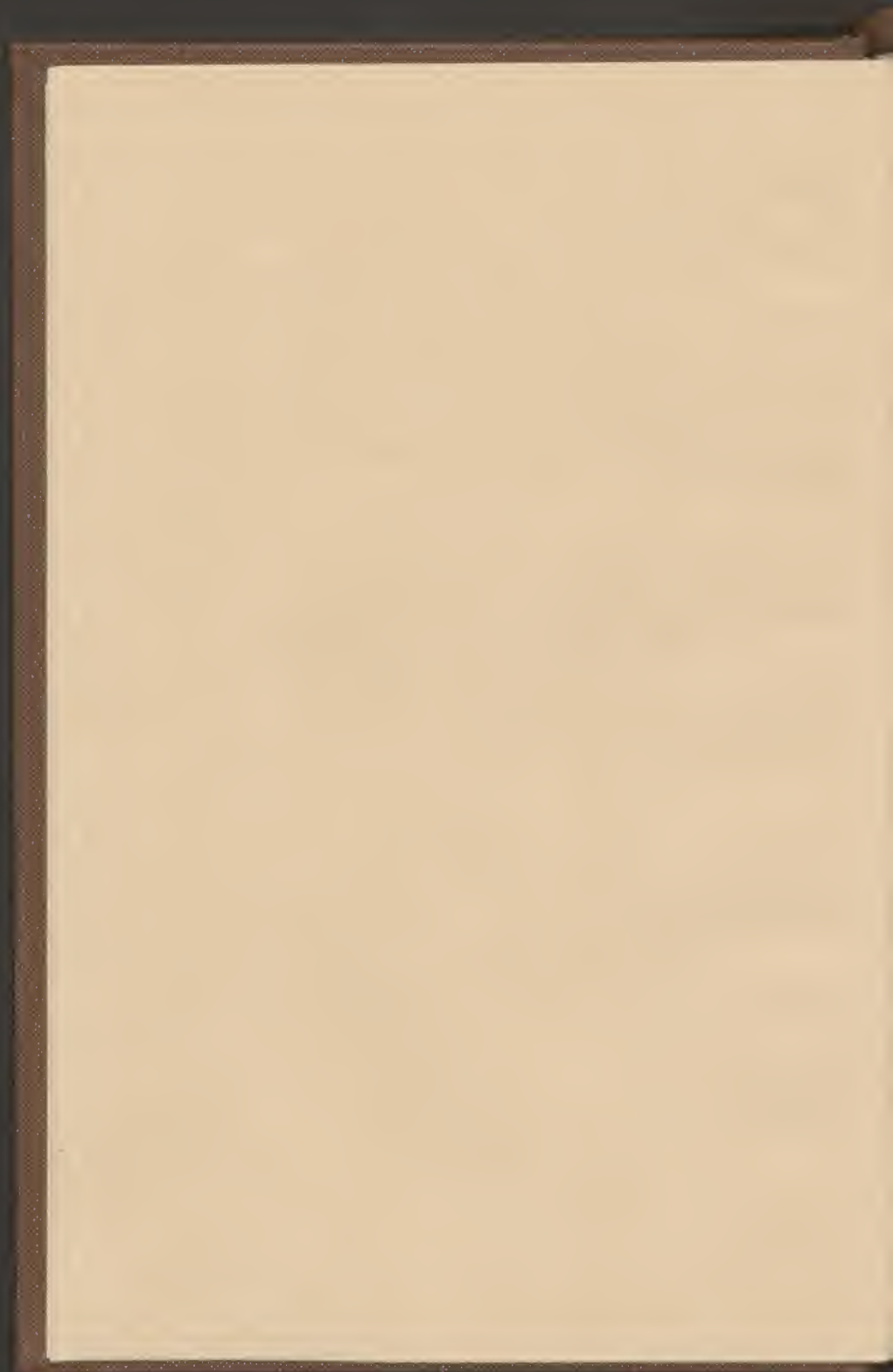


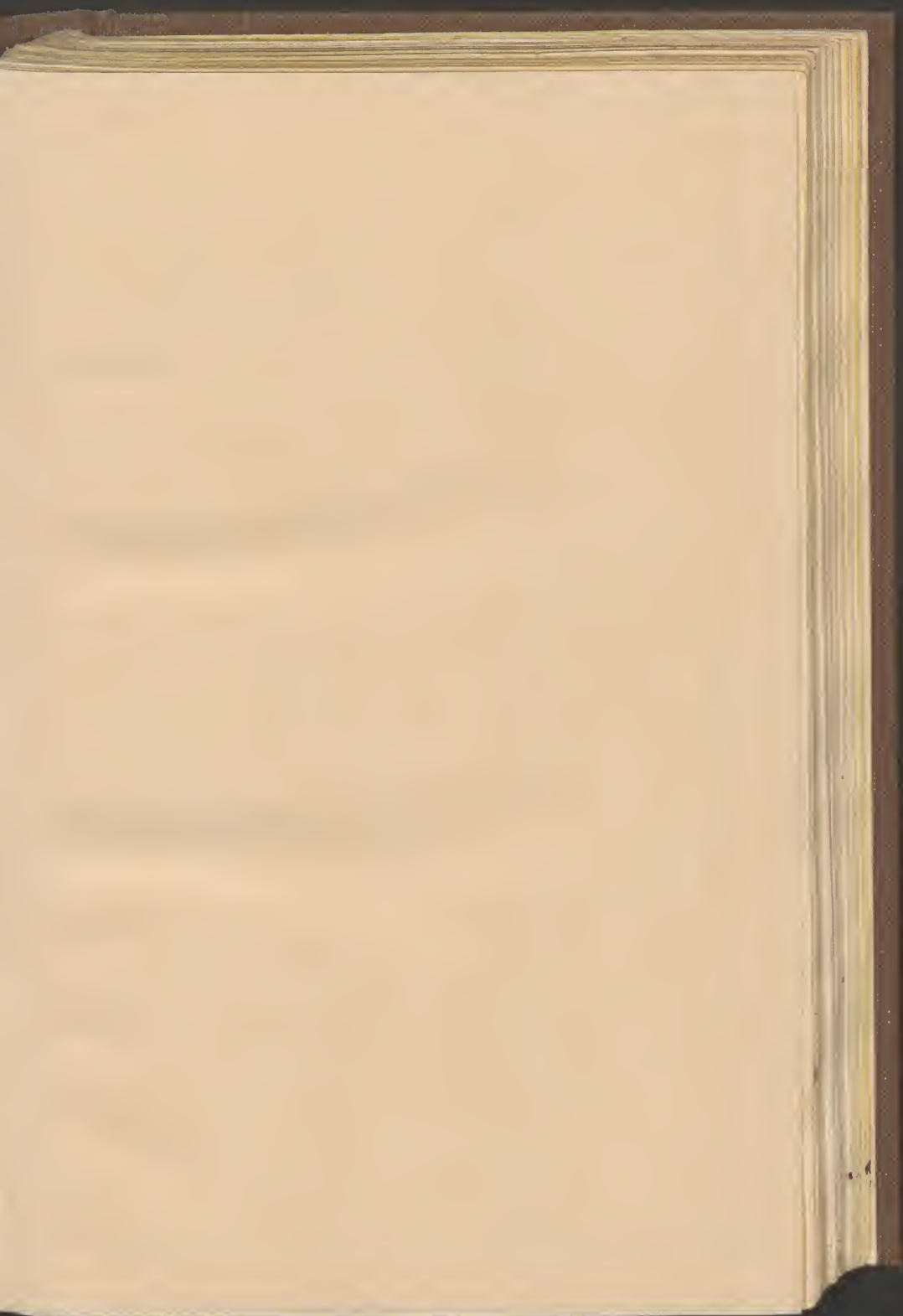


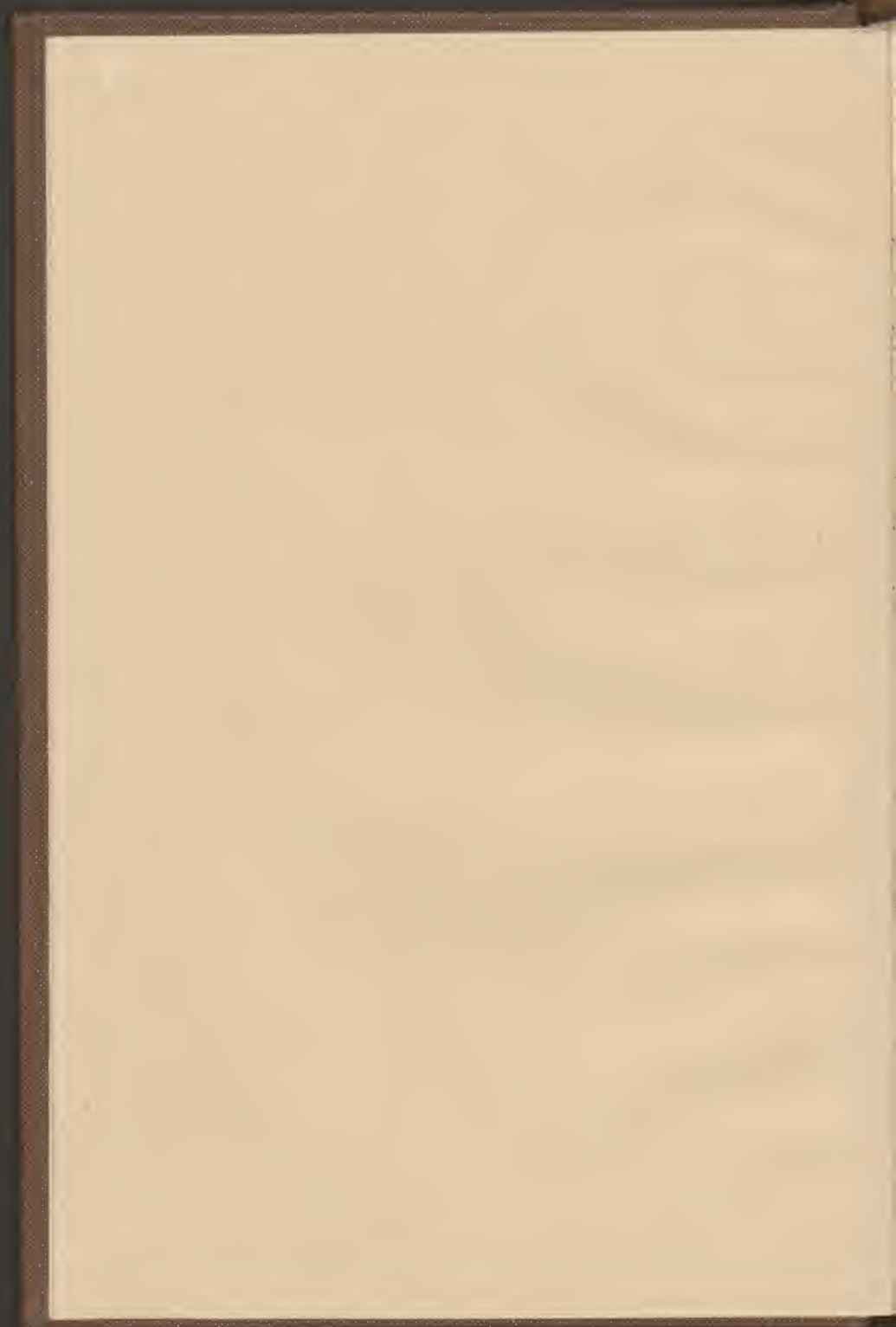










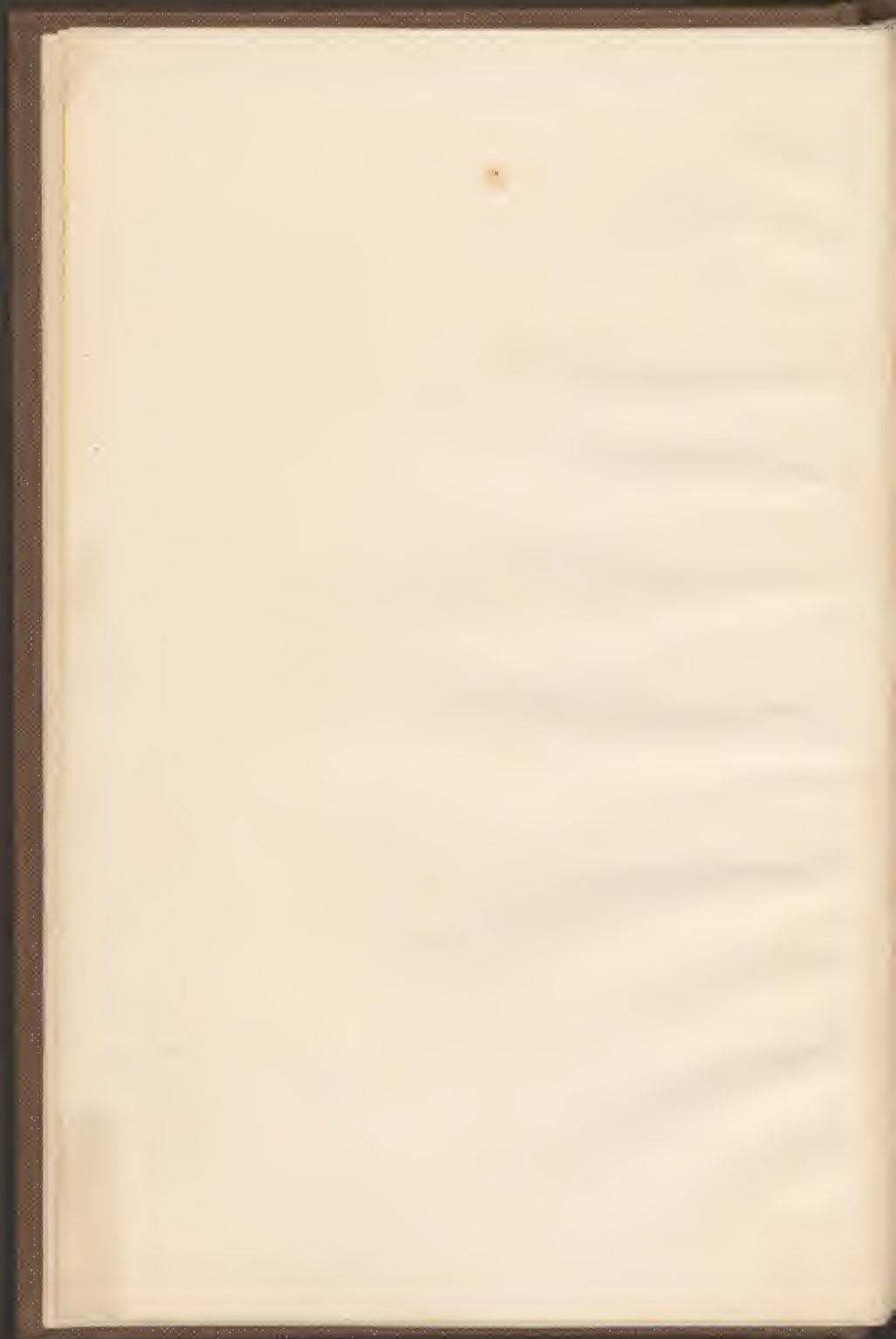


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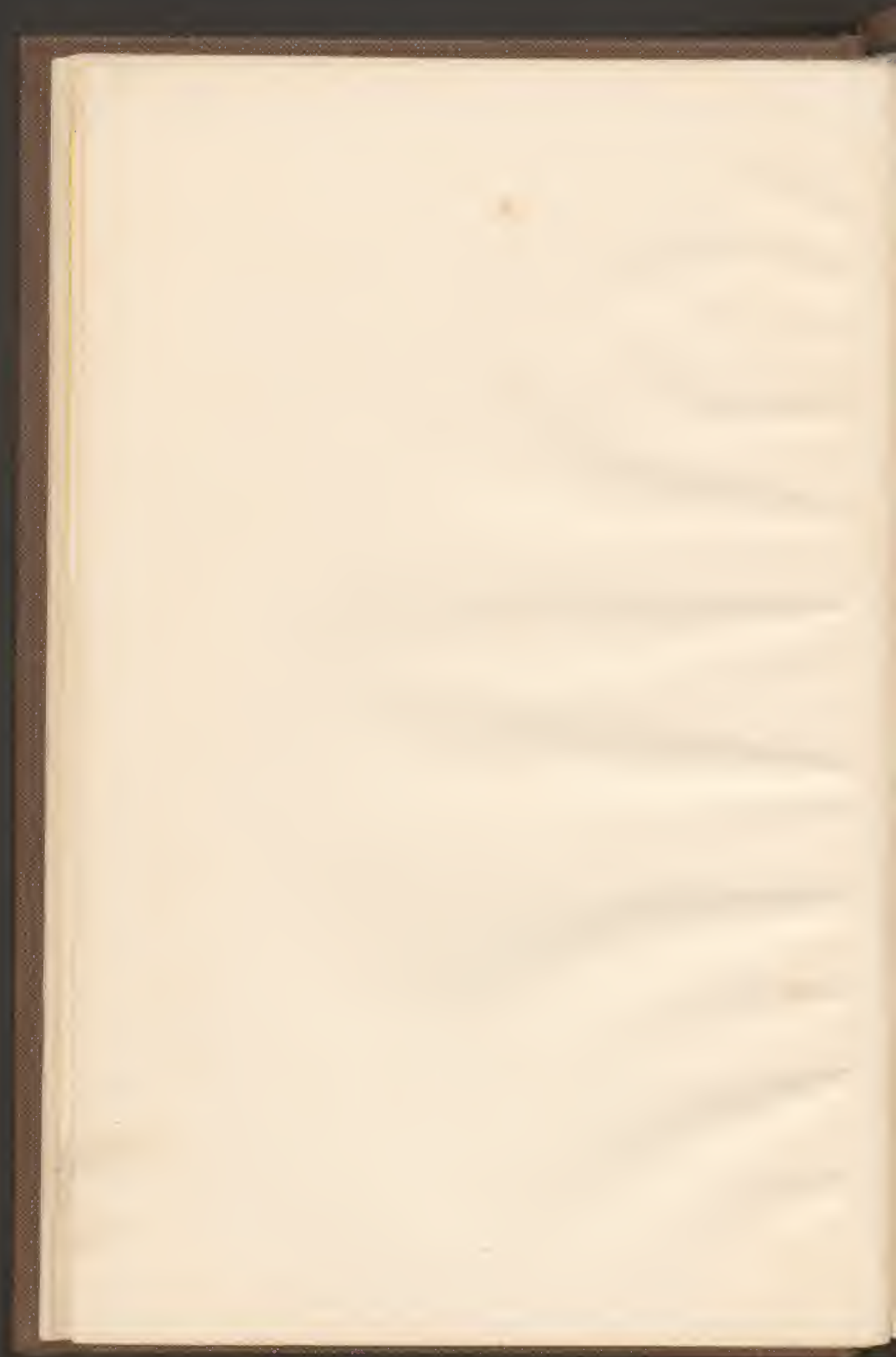
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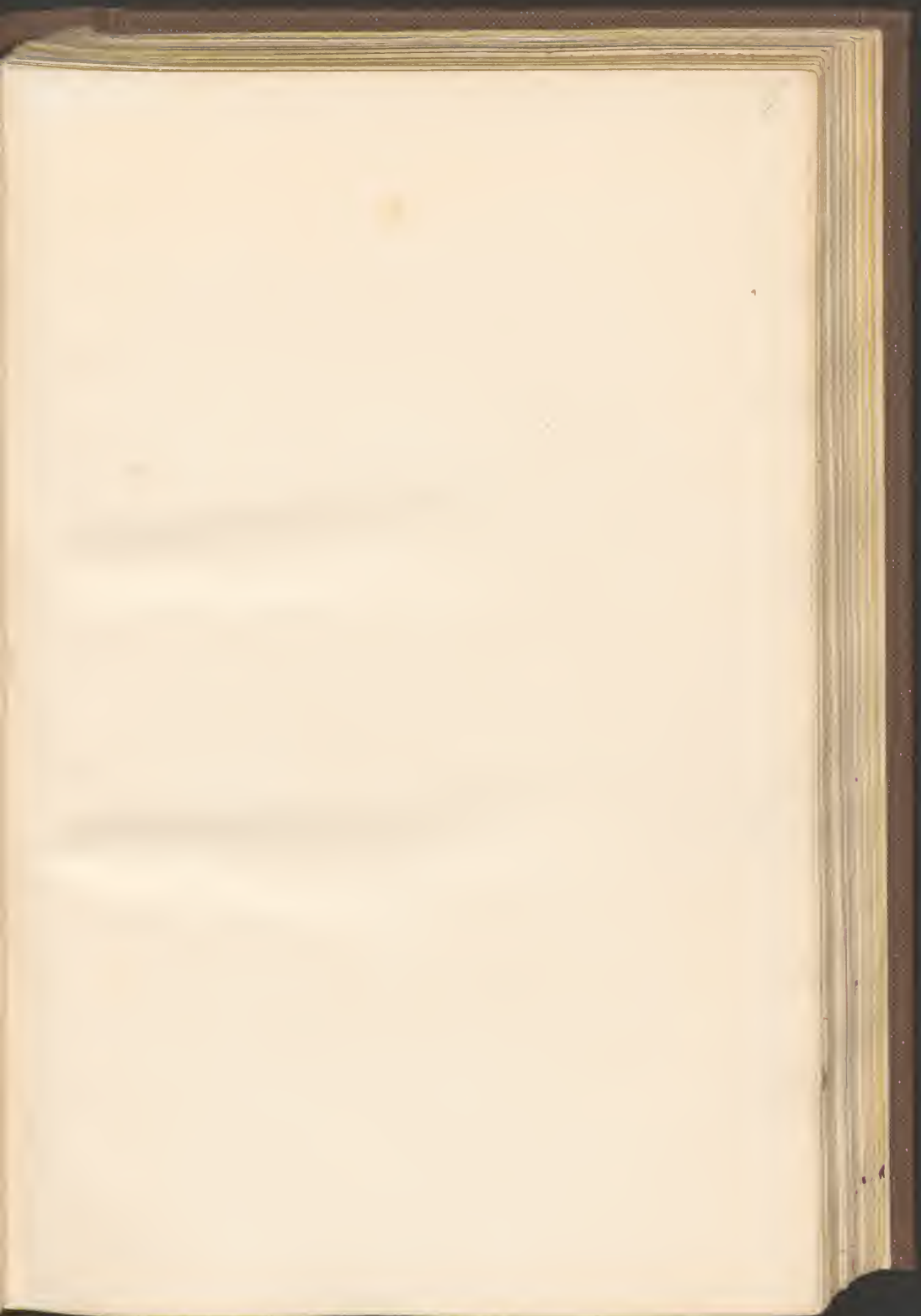
Surgery

A



E





Lecture 2nd

31

Inflammation

Characterized by heat
pain, redness, swelling, soreness upon
pressure & if considerable a sympto-
matic fever. If considerable & ex-
tensive, constitutional irritation or irritative
fever may be produced.

The pain is caused by irritation
of the nerves, the swelling by
effusion or by distention of the vessels.

The symptoms above described
may occur successively and not all
present at the same time.

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B
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V. 13

6. Inflammation has been divided into two kinds, Phlegmonous & Erysipelatous.

1st Phlegmonous & 1st of that which arises from external injury.

The injured part is the centre of the inflammation. The manner in which injury produces inflammation is not well understood. Hunter speaks of both increased and diminished action of the vessels & uses the term healthy inflammation, which then ^{is} increased action. Cullen thinks, the action increased. Bidest thinks there is diminished action. At the present day Surgeons consider that there is increased action at first in all cases. Hunter thought the vessels were at first debilitated at first.

An injury is first followed by pain caused by laceration & pressure of nerves, perhaps.

For an example in incised wound, is followed by retraction of the lips, by pain swelling redness, heat,

and the inflammation spreads over adjacent parts' ^{of}

The sense of fullness and redness is probably caused by increased quantity of blood - red blood is carried where it did not exist before - as in erythema - The venous blood becomes red like arterial

The cold stage ~~should be omitted~~ in extensive inflammation should not be omitted. It is a part of the symptomatic fever & this fever sometimes also has a sweating stage

Prof. H. thinks there is always increased action in the central circulation of the fl. He thinks also that fever differs from inflammation

The heat extends widely perhaps over the whole body - It is principally a sensation however, and not much indicated by the ~~temperature~~ thermometer

Inflammation of compartments as stomach & bowels the pulse will not be full & strong. This will also be the case in some constitutions, in which

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There will be feeble pulse, nausea
vomiting &c. Prof. H. objects however
to term it stonic inflammation.

Causes of infl. are mechanical
& chemical heat, cold &c.
Erysipelas & some others are attributed
to a specific cause & called specific
inflammation.

Cold may cause infl. by
rendering the system or part more sus-
ceptible to heat afterwards. A frozen part
will irritate as dead matter. The frozen
fluids will irritate.

Prognosis will be dangerous, 1st degree
violence of or extent of infl. 2nd pro-
nature of the part affected - as the vis-
cera the functions of these parts being
suspended or destroyed - joints are
dangerous parts - 3rd Const. & habits
of the patient.

Terminations are. 1st resolution
~~2nd adhesion~~ 2nd adhesion 3rd suppura-
tion & gangrene. Schirrhous was added
by the older writers.

1st Resolution, where the part is left
healthy

2nd. Adhesion takes place generally in
serous membranes & in the cellular
membrane especially in the ~~liver~~ ^{liver}
where it is called hepatization.

Treatment. The ^{or, splinters} cause should be immediately & in order
removed.

These should be treated as
much as possible. Much may be done
by prophylactic treatment especially in
the case of wound.

The first indication is to pre-
serve the proper temperature of the part
we may apply cold or tepid applica-
tion, according to the sensation of the pa-
tient. If chilliness is produced by cold
applications, ^{apply} warm ones. though in
wounds of the brain the production of chilli-
ness is beneficial in many cases.

In abdominal infl. poultices
of warm bath will be very useful
and the French use poultices exten-
sively in infl. of the lungs - substituting them
for blisters.

10. We may apply cold applications too long. There is, therefore, a choice of liquid appl. Spts & water - ac. pl. 1/2 to 1 pt. - mur. amm. 7 ii to pt. Cold water & ice especially for the brain - vinegar & water though they coagulate. If ac. pl. induces an eruption in some persons Mur. amm. is very popular; seems to be as good or better than ac. pl. for deep seated infl. Cold water is probably good in most cases if there is no pro. & dec. ^{in the patient}. Some surgeons use saline line. Others depend much upon narcotic applications as of stramonium. Prof. G. does not use them.

Blisters are especially useful in chronic & deep seated infl. Prof. N. prefers a repetition of the blisters keeping up a perpetual discharge.

The first general treatment is bleeding - which is recommended by W. Philip for two reasons to diminish the vis a tergo & to diminish the quantity of fluid in the part. Those of opposite theories are it.

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I have seen to be no doubt about bleeding
in phlegmonous infl. and Prof. H. has often
found temporary relief in Erysipelatos

Excision is the most common &
most convenient for several reasons. Prof.
H. has thought that drawing blood from a
vein near the infl. part relieves the pain
because though it may have ~~no~~ no effect at
first - ^{in pain} Continued pain is relieved
or faintness is avoided - patient ^{not} being in a
horizontal position If the pain so. returns
repeat the bleeding.

Blood letting has been objected
to in old persons and in the debile. But Prof.
H. has frequently bled both with advantage
Arteriotomy has no advantages

Leeches are not fashionable but
Prof. H. thinks they have no advantage
over venesection. He thinks experiments as
on their relative advantage have not been
sufficiently tried. They may be better in
some cases of chronic infl. but Prof. H. has
used repeated bleedings in such cases with
advantage

4. ^{or} joining, combine, bloodletting &

Lecture 3^d. The next remedy of importance for inflammation is Cathartics. The saline are recommended but the more are better. As Mr. Philip says they undoubtedly have a specific effect.

Purgatives have a powerful effect. In Italy many have used them exclusively. Beginning with small doses, increasing; gradually, they give a large quantity and depend upon the action. I have seen a patient bear 12 grs of Calomel once in 24 hours.

Characotics have been much used. It is safe to give opium, counteracting the Purgatives. Dover's powder may be given. But perhaps the best article for inflammation which we have, perhaps is calomel or opium. This practice is much used in G. B. A little opium is combined in order to quiet irritation.

Hydrocyanic has been used

where gum would not agree

It has been my practice to give opium enough to quiet the irritation from excessive pain & continue any other local treatment at the same time.

Hot & quiet must be used to relieve pain. An elevated position will relieve pain in paronychia for instance & in pneumonia 3rd or 4th of the ribs.

It should be light & regular. The food to be avoided, including too also which many eat contains, in injurious quantities.

Attention must be paid to the constitution. The must be cautious about bleeding, then and

After a state of debility succeeds, such as require tonics. Opium has to be continued after recovery.

Adhesions in the cell. are are apt to take place after inflammation of joints. These are to be relieved by friction and rest.

Chronic infl will be seated hereafter
After the most

Excitation is principally confined to the skin though, the cell-nerv. is generally more or less affected.

There is a redness in Ergs which disappears after pressures. The redness also is exactly defined at the edge. There is a remarkable prope-

edge. There is a remarkable propensity to exude. The redness is of a dark colour the inflammation is phlegmose &c. &c.

Progress of the disease in cure, & yell.
The skin is shining. The pain is not
throbbing as in phlegmon, but ~~sharp~~
~~is~~ burning. Sometimes there

The wff frequently leaves
one part and spreads over another

The eruption appears in brassy scales. There is a degree of swelling of the skin perceptible to the finger, and a ^{marked} tendency to open the

The fever is considerable. Vomiting
better taste with mouth - bile is thrown
up - heat very great. Old persons,
frequently, have ~~cor~~ ^{proceed}

When a. is ~~acute~~ ^{acute}, the case
erysipelas comes on acutely or is peri-
odic, the occurrence may be preceded
in old persons, by coma

Delirium may be caused by it

1st Erys. aff. skin only 2nd Erys.

aff. cell. mem. which may or may
not be accompanied with a. s. s.

1st Erys. does not suppurate & terminates
in brown scales - found in all ages

2nd Erys. and cell. mem. affected -
hence swelling, inflammation & ~~in~~
the muscles, fasciae & tendons are
involved. It affects principally the
old and the intemperate especially the
legs

Erys. is dist. from phlegmon
by col. by circumscription by mixed
Erys. when suppurate does not have
a regularly defined abscess like phlegmon

16.

Erys. att 1st nerv. syst. by con a
for instance delirium when the head is
affected, by burning heat

2^d heart & ~~heart~~ arteries by a pulse
smaller weaker and quicker than in
health.

3^d d. can. by bitter salt dryness of
mouth diarrhoea vomiting

From the bilious vomiting
yellowness of skin & of the affected part
one have supposed the liver to suff.
but this takes place from wounds merely & from
the site of the rattlespoken
caused by wounds ulcers
and in Erys. the infl. is not necessa-
rily near the part injured

causes, depending upon the
constitute are malaria and the crowded
air of hospitals, & febrile and in-
fluence &c In the first after draining
the wound, one summer there was more
erysipelas (St. John's hospital) than in 10 years
in the Mass. hospital treated and pro-
duced the effect

The violence of Erys. is ge-
nerally proportional to that of the local aff.

For the disease it affects internal parts

It elicits Erys. alternate with other diseases

Prognosis depends upon the violence of the inflammation, the cell. & brain being affected - or the head & face being aff. - upon the constitution age and habits of the patient

The indication is to promote a resolution and prevent suppuration if possible - Though some suppose that suppuration never occurs

Resolution is to be accomplished 1st by local 2nd by general aff.

1st Many object to topical applications
Fong & Cooper and Sawboree object to the use of the 31 & 40 is the best -

Milk water or cold water is good Use the cold or warm acc. to choice of patient.
Muro. an. 311 to 40. Croc. sub. 10 to 20 gr to 40. will often be good

Narcotic as Op 31 & 40 water - or op 31 & 40

mercurial ointment has been

celebrated as a catholicon. - Another
 however thought lard a catholicon. Prof.
 H. has derived much benefit from
 lard or tallow alone.

In violent or extensive infl.
 I have found ointments superior to
 liquid applications. Though ointments
 are very agreeable when the cuticle is
 peeling off.

A new remedy is not selo.
 I mention a stick used about the
 part (Mr. Higginbotham). There is
 considerable testimony in favour of this
 mode of treatment. It is said to prevent
 the spreading. Mr. H. treated this alone
 without internal remedies. Prof. H. has
 used it but has not trusted to it alone
 he recommends however

Blister, have been proposed by
 Dr. Rush & used by Dr. Physick. Dr. Rush
 recommended it for gonorrhea.
 Prof. H. has used it with the greatest
 benefit. Case of a man, case as in others
 as to blind lues. Prof. H. blistered the
 whole face & cured the patient.
 Blister are not to be applied to gonorrhea.

When the cell. mem. is affected, blisters are
doubtless ought to be used.

Undoubtedly ^{in children} the cell. mem. ^{may} be affected
it has been called Erys. ^{phlegmonosa}
& excoriations ~~must~~ are in Prof. H. & in
care of this nature.

The propriety of treating tympani-
tation infl. like phlegmonia has been very
much questioned but Prof. H. has often
bled and reduced with great success.

It is often very difficult to cure
the mening. after an apparent cessation.

Purgatives have, probably, been
used in account of the notion that it is
like a skin. and on account of the
menstrual pathology.

Dark green ex. with a purple
in the pulse is very fatal ex. but not
more the tongue is thick & ex. is profuse.

Infants have erysipelas, some-
times caused apparently, by irritation from
a superfluous of the navel string. There

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also seen to affect the puerpera and sometimes be very dangerous. The cause I do not know.

I have treated erysipela in children with cal. ipecac & rhubarb &c. and the same with opium as in adults.

Erysipela, of cell. in b. - the skin not being affected. It usually attacks old, infirm people & is more dangerous. It commences with chills, skin red, doughy, pit. on pressure.

Generally there is much derangement of stomach, vomiting &c. & sometimes delirium & even del. tremens.

Lotions are not of service. The suppurative process immediately begins. The vessels are generally strongly injected.

Suppuration is to be expected and promoted. In the kind incision, are proper. Pus will collect in a day or two and should be let out. The pus may collect in parts & it then have a recy. fist.

Treatment of Erysipelas. Considerable blood may be given in case of suppuration. The abscesses must be put to rest. Owing to the negligence of the doctor.

Butt's syringe is an old article, formerly much used for injection into erysipelas, abscesses, &c. &c.

Chronic inflammation. This is generally a sequel of acute inflammation.

Some constitutions are predisposed to it. For instance, an injury of a joint will bring it on in some persons.

Serofulous persons are more subject to it.

The gland and joints are the most common parts affected.

Treatment. Bleeding should be local rather than general. Bleeding according to Mercurius should decrease the quantity of serum. Deobstruents are very important. Vide Med. Med.

Suppuration

Infl. terminates in suppuration when it exceeds the usual vessel for discussion & increases & swells more

^{of} Phlegmon infl. has a soft part in the middle more or less pointing & in a round or oval form

Corynebela, does not suppurate in a circular pointing abscess and the pus collects more tardily

Nothing perhaps distinguishes an experienced surgeon more than his discovery of matter

An abscess always tends to point & reach the skin. Pus is not now thought - nor to be formed from coagulated blood - neither from the solas - but to be a secretion

Properties globules are a thin - cream coloured - sweetish - coagulated by mur. acid. Putrefies upon exposure to the air, & may rust a silver probe

Delpech th. maintains that it is secreted from a membrane

Pus is detected by placing the two thumbs, at some distance from

each other & press & alternately. & the thigh do not place the thumb transversely upon the limb, lest you be deceived by the slipping of the muscles, on the contrary place the thumb up and down the limb.

D. Cooper thinks it is often better to suffer many abscesses to burst (he says) thinking that the cavity will gradually contract & the healing will be, or favorable.

Prof. H. dissenting entirely, from this, as it always lets put out by an incision. In abscesses, open themselves, the pain is often excessive at the close, just before opening - feeling like the cutting of a knife. There are no advantages to be derived

Erysipelatus, pus should always be evacuated immediately. If not it may become acid and fetid. The skin, & pellicula, will assume & fill the room.

Abscesses, are opened with the abscess lancet, or with a bistoury. Surgeons, with a double edged knife.

Prof. H. knows of no medicine, which promote suppuration unless it be warm applications, for instance, &c. which

When the skin and allow it to disband
they are very comfortable and may be
allowed

In abscess after opening
should not be violently squeezed, but
pressed a little and afterwards, pressed
again, on subsequent days

When there is difficulty
in getting out all the matter bandage
so as to make constant pressure - leaving
a hole for the pus to issue

Do not attempt to dissect
deep-seated abscesses, & those about the
joints. The pus is often contained in a bur-
sa mucosa & will not excrete itself
and patients often are suddenly in
these cases,

abscesses, continued. It may be ad-
visable to put a small stop of linen in the
opening at first, to ~~prevent~~ prevent closure of it
early.

If the healing is slow, touch
with nitrate silver. Some times, use of
corrosive sublimate

When things will be doing, fail to
 cure. In such case the constitution be
 careful to keep up a strict diet & rest
 part. She will soon be healed
 in this way. The other can be cured before
~~bandaging~~ applying a splint

1st Illustration of a breast. Take
 these of the female mammae.

1st We have simple phlegm and infl.
 of abscess. Treat just like any other
 inflammation. For example. The breast can
 now be bled. Along the breast. The skin

2nd Always adhere, over an inflamed gland

2nd Erysipelatous infl. of the breast - pus
 in the cell. mem. b. some of the ducts
 are laid open by suppuration.

3rd If the bursa mucosa under the
 gland, commencing like the others
 on the disturbance considerable. The
~~breast~~ breast is not hardened but the
 whole of it is pushed out. Suppuration
 takes place within, and points below. Open
 the abscess and keep it open by a bougie
 keeping a bougie as long as you can - if
 then introduce a probe. In these cases

all fail Introduce seton and take
out a thread a day until the abscess
heals. Dr Physick invented this practice
He advises to lay open the whole breast
3 cuts, then chronic abscesses,
Finally bandage the breast
the seton may be introduced by

Incision of hip joint in
superiorly upon an imper-
fect violent pain inability to use the
limb great const. irrit. ~~death~~ re-
cent fever con. ulcers - death in a few
days if not opened. Prop. it has not
with several cases. He must not hesitate about
opening the joint, to evacuate pus, in these cases
use of Cordepreators, abscess Hard draw-
ing patient ~~delirious~~ infl.
of leg below the knee del. burning pain
in spine - 175 drops 3 or 4 a day
Abscess repeated period until the
whole leg was open under the skin
pus collecting very quickly - recovered
Case, in which pus collects in the
cell, memb. & various parts of joint

death or loss of a limb. The local
ment must be very much varied. Spine-
lark &c. Bark is of little use when
the tongue is brown, dry &c.

In the early part of his practice Dr. J.
H. gave much more bark than at present

Chronic abscesses, are not very well
defined. They are merely those which are long in
collecting. Boyer divides into acute chronic &
ingestive or those where the pus is found in a different ^{place}

Some will be called of one name the whole of a
few years, some time previously - at other times
there, no apparent cause

Often the pain is, in a different
part. Case of a child with localized for off
of the knee his hip had an abscess. It is
opened & cured

Much is said about absorption
of pus. But Dr. J. H. has never known a case
completely cured without opening;

Prognosis, is very dangerous in
chronic abscess. Sometimes, death occurs
in a few days after opening sometimes only

after months,

Prof. H. has never found it with
cancer.

Similar abscess - caused sometimes
by strains, & bruised sometimes no ap-
parent cause - Scrophulous is given as a
cause - but it is necessarily 'Hæm.'

Most common in the young
thigh it is found at middle age.

Can cause like rheumatism
a great deal of severity of symptoms
& peculiar bending forwards of the trunk
characterises the walking. pain in pressure
Prof. H. thinks it is seated
in the bosom of the psoas muscle.

The pus points below - Pon-
point, ligament or lower down on the thigh
even on the outside of the thigh.

Its structure, mistaken for
abscess of perineal hernia. It is
easily distinguished.

The pus is described -
It looks as pointing upwards in the groin.
Prof. H. has seen ~~the~~ point in the groin.

If pointing in the groin
let the patient stand up & lie down

of the abscess

It may be necessary to introduce a probe to bring out the coagula which are numerous & sometimes large - but be cautious in using a probe, lest you excite internal hemorrhage.

Make the opening - keeping the incision lance - about the width of the finger (into the eye) for the size of the opening

Evacuate all the pus & heal by the first intention. When pus collects again make a second opening in another place - because it would not heal so soon in the first place - and evacuate & heal up as before. After a few such openings the pus will ulcerate out & the a modification of treatment is required.

"The patients may recover in the country but in cities & hospitals Dr. F. Old surgeons introduced but with great mischief

Prof H has read of ten bar abscesses cured by absorption, in which the patient ultimately recovered

An abscess of the lungs is apt to occur as a sequel & take off the patient

Hectic fever may be acute and violent, and 2 or 3 days or even 24 hours - after opening the abscess, joint. - heat fever - nausea - great local pain - inability of motion of the part from pain. These symptoms appear so like an attack of continuous fever - that they are sometimes falsely accounted for in this way. - This hectic may occur after the bursting of an abscess. - It is different from the common chronic hectic though called by the same name - vide "acute hectic"

A liver abscess opened by a large incision gives rise to more violent symptoms, though they may occur after a smaller opening or a small incision. Case of a young woman who fell into a river, was somewhat lame finally there was a pain in the groin - hectic fever ensued - the abscess burst - violent symptoms, broke to her bed - she died.

The doctrine of absorption of pus, was first denied by J. Hunter.

Some have attributed the bad effects upon a free opening are owing to admission of air others to cold air. But Baron Larrey dressed wounds - being wet -

When a lumbar abscess becomes permanently open & from the insect exosive sub. 10 gr. & a pint ^{2nd} ^{3rd} taking pains to have the solution touch the whole internal surface of the abscess, by turning the patient & sloping up the part &c.

If after continuing the injection at a fortnight, we continue it if no benefit is derived we should increase the strength until some sensation is produced. Frequent injection will produce a slight phlogosis, but this is of no consequence.

Prof. Smith injected the cavity immediately upon first opening - Prof. H. has tried this, but prefers Abernethy's mode. The injections generally ^{increase} the discharge.

The constitutional treatment should be with opium especially ergonine & calomel. Tonics also as bark.

Prof. H. cannot think that lumbar abscess proceeds from an affection of

the vertebrae because the disease
oftentimes goes in just to the muscles nearby
& is cured more readily than we could
expect if the vertebrae were affected. He
has examined the vertebrae also, when
about to make the opening & could not
find them affected.

Large serofulous abscesses
take on a oral form & are to be treated
like others. Do not wait until the
skin becomes very thin and of a purple
colour. If we wait too long the skin will
form loose flabby granulations so that the
skin will perhaps have to be cut away.

Quality of the discharge from abscesses.
The discharge is purulent, sometimes thick
like curdy. But before
the abscess closes the discharge becomes
watery like thin watery. This is not noti-
ced by writers. It must not be mistaken
for a bad action of the abscess.

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Sturmenular, or boil - Called
an instance of phlegmonous infl. Still it dif-
fers much. For it is a plug of pus,
enclosed. There is a cavity for the pus,
& no more.

Sturmenulars contain a
pus cell and a small vessel. When the
pus cell yields a serum. Hardness
purple color - pointing, not always in
the center. One or more small holes, out
of which the pus issues. The pus is apparent
by ~~canals~~ contained in the cells of the cell.
membr. The boil does not heal until the
core issues, which is rather cell. mem.

Treat sometimes by bleeding if
const. infl. is great at other times give
Colomel. — Poultice or Plaster —

They may be cured more speedily by
opening, than by suffering them to burst.
So says Prof. H.

Sometimes they contain clots
of blood (called Charbon).

Where there have been very
many on a limb, Prof. H. has enveloped
the whole limb in ac. plumb.

Anthrax (burning, or carbuncle -
most commonly found on the face,
neck or back - found also on the
hands and feet - and in other parts.

Often preceded by mole &
pain and heat in the part. A prodig-
ious fever may be the cause. Sometimes
it is preceded by a sort of anomalous fever &c.
It may commence with a broad inflamed spot on the skin
beginning out of health. ^{Begin differently in}
^{different localities. Generally with shivering}
^{Begin with a pale}
which gives a burning face & often
causes ~~marked~~ considerable const. irrit.
Colour of the around not bright like
pneumonia but dark like
a hard cake in the cell. mem. equal-
ly around the centre. - lymphatics
affected becoming hard & red cross
back const. irrit. chill, flashes of
heat, nausea, restlessness &c.

Small holes appear & keep occur-
ring in fresh part of the swelling
& piece of skin mortifies &c. & often
the patient smelt a yellowish fluid
More dangerous about the head
generally - ^{but} not always fatal, ^{than} for other

very rapid gangrene ensued, & case of a man
 who burned a slave for ple while shaving
 a few days after Prof. H. was called, he
 died of gangrene. Cocoon, often in the old & with
 indurated. Cocoon & delirium of the entire
 in the old, then they ^{congruous} ~~are~~ near the head.

Author, differs as to position &
 the French use the actual can, lay
 at a white heat. The pain is not to be great.

Prof. H. blisters at first

to relieve, the burning pain of heat.

Then he applies even smaller & sometimes

If the burning heat returns, apply on
 other blister. ~~Do~~ Apply ac. pl. ~~off~~ ^{off} ~~at~~
 & caute

Sometimes, where the fever is high
 bleeding has been beneficial in Prof. H.
 practice. Always give calomel

Dr. Physick recommends caustic
 kali. he says it relieves the pain.
 Prof. H. has not tried it. He has always
 found blisters promote suppuration.

When far, collect, squeeze
 it out and pull out the sloughs of dead
 cells. which gives great relief if
 necessary in order to extract the pus &

It is an incision of sufficient size may be
 made at first, though highly recommended are
 not approved of by Prof. H.

Various affections of the hand
 called felons, whitlows &c. & paronychia

Paronychia This term is applied to
 a variety of sores upon the fingers & hands
 sometimes upon the toes. Four kinds

1st a superficial suppuration around
 the root of the nail caused by dirt &c.

2nd suppuration in the cell. m. b. of the
 fingers or of the toes - a real anthrax

3rd suppur. in brassae mucosae

4th deep suppuration between pericardium
 and bone leading to necrosis

1st Commences with heat, tur-
 pain, redness - finally yellowness

The nail is lost unless properly treated

These are commonly treated with poultices

& these are comfortable. Mr. Hugginbottom
 recommends not. oil.

If suppuration takes place
 open through the cuticle & clip off as
 much as possible of the skin. The
 suppuration etc. as around and you

must continue to clip off skin.

To stop this continually spreading ulceration inject corros. sub. or spirit
 into the ear.

Finally dress with cerate
 with Daturnia & cerate

Dat. cor. R. ac. pl. $\mathfrak{z} \text{ij}$ Sulph. sod $\mathfrak{z} \text{ss}$
 Cerate $\mathfrak{z} \text{ij}$.

2nd Is an anthrax, & to be treated as
 such by blistering at first &c.

Generally the tender ^{was said to be} ~~center~~ ^{center} are
 white and glistening & do not turn yellow
 and die. If they are laid bare in the
 site by sloughing of cell. ~~mem.~~, they will
 generally become covered afterwards

3rd (f. *Bursae mucosae* ~~It~~ They are
 exceedingly painful. Generally come
 at a point, & feel for some days as if a
 splinter was sticking there

We can do little better than
 to continue to practice until suppura-
 tion comes on. Then open thoroughly &
 keep the abscess, if necessary, open by
 a piece of linen. Pencil with caustic
 readily as but I can't be sure

4th The perianth - covered by the finger.

Heal by an incision in the least place without traction for the removal of pus keep the part open.

It is a narrow ulcer to be treated as such. There is such haemorrhage before the swelling & effusion ceases. It may be necessary to extract a dead phalaris. The finger will heal up well afterwards.

This kind affects perhaps the canal of the bone & is producing ^{osteonecrosis} (osteomyelitis).

Mortification. Conversion into a dark, ash coloured mass, which is cold & if kept dry becomes black & finally fetid.

It is said that mortification (or gangrene) may come on without previous inflammation. This doubtful.

Two kinds acute & chronic
1st acute, takes place, by becoming pale flaccid, cold, firm, livid or purple vesications, containing bloody serum. Bloody ^{serum} is a diagnostic, unless proceeding from ecchymosis. Pulse becomes weak & sometimes intermitting.

A mortified part is insensible to a tick or cut, by a pin or knife.

Chronic mortification takes place with-
out any apparent inflammation though
often preceded by severe burning & pain.

A good example is, that of old men, who
which commences with small vesicles & ex-
tends over the whole foot & the leg.

There usually precedes a severe
hair in the foot.

Two circumstances will al-
ways distinguish a mortified part, 1st
unresponsibility 2^d fullness of blood vessels
in the part adjacent.

Mortific. may be caused by
injury, especially, if violent enough it des-
troys the vitality of the ^{part} ~~part~~ for instance.

by obstructions of the blood vessel, leading
to the part by malignant diseases, usually
by destroying ~~the~~ ^{the} whole limb without any
previous inflammation - occasionally also
from frost - this was Boerhaave's 1st 2^d frost type.

Infl. especially, erysipelas &
anthrax & in the old interparietal; the
most common cause - from frost to

The pathology of mortification

is very rare. Sometimes excessive action
 there, sometimes a tendency
 to mortify. In such cases it will
 follow trophic injury, e.g. in bronchitis & emphysema.

Signs are often difficult. The case
 is, as a rule, very dangerous. It depends
 upon constitution, part affected, & a
 facility of progress.

It is very dangerous to have
 the mortification succeed a trophic in-
 jury.

Chronic mortification is always
 dangerous - and especially if the
 derm. & fasciae are affected, when there
 is a probability of a cure. For tendons
 are very slow in healing. If possible
 dissect out dead portions of tendon etc.

Sometimes the patient is sud-
 denly carried off by a new attack of ery-
 sipelatous infl. - or an infl. of the
 lungs - especially the lungs.

Indications are 1st to moderate the
 violence of infl. 2nd remove source of ^{infection}
~~infection~~ 3rd to prevent spreading & 4th to support const..

2nd according to the opinion of
 the late of demerction instituted by nature
 should be violated and promoted. An art
 is very properly proposed to apply the stimu-
 lating articles as not out of temperance, as
 but there is injury. Nature down for the
 purpose of repairing the sphacelus, does not
 stop the spread.

The const. erupt. attend. are sudden
 sinking of pulse, great anxiety of mind
 restlessness. Cold sweat on the forehead
 &c., on gradually these symptoms may
 be gradual in their occurrence. Sometimes
 however their attack is sudden.

The indications of treatment
 are, 1st To moderate violence of reaction. If
 the pulse is strong & the pain very great
 so that there is danger of mental delirium. But
 the period for it is short. Where bleeding
 cannot be admitted, ~~but~~ leeches are rec-
 ommended by some.

There will be a dry tongue
 & the secretions are to be improved, by
 full dose of cal. when there is, on sleep. but

On all alterative doses when there is diarrhoea. ^{2^d} It was in the habit of using it before we saw Sir A. Barker, not now much relied on and is even objected to by many who then esteem it. Mr Pitt found it useful for 60, of old men & relied on opium instead.

Hot local applications, as
 1/2 gr. am. & ac. pl. either cold or warm
 according to the sensations of the patient.
 Con. object to cold applications.

^{3^d} Poultices, are useful. Heat
 poultices are merely useful. Prof H thinks
 by correcting fetor. Barker for the
 cause' thinks useless, and if they are used are
 better made by a decoction than by powder.

2nd In old men, to remove cause of irrita-
 tion, be careful about splinters, &
 Be careful to open abscesses & prevent irri-
 tation. Use a slough, if it can be done
 readily.

Continue opium all along
 beginning with cal. if bow. are costive, but
 continue opium long after ceasing with cal.

To prevent the spread
 5th 7 It is very difficult to stop the spread

of gangr. Sometimes it will extend
 in the cell sub. under the skin, produ-
 cing a crackling feel.

Bark ~~has~~ was formerly relied on
 but it is not now valued

Blister must be our great
 reliance, (Dr Phys. introduced this) but
 be cautious not to blister too near the
 gangrenous part. In case of chronic mort. as
 of old toe, this is ^{disputed} ~~Dr Phys. & Dr Ross. dispute~~
 Nitrous acid is now much
 applied 1, 2, or 3 or drops to a pint of
 water

As for the countenance

1st This ind. is answered partly by the
 2nd. Besides, this when the bowels are good
 &c. it will do well give bark. Give
 wine, port, &c. and indulge, but
 do not force the patient to generous diet.

In the suppurative stage
 sometimes relief will be
 great from removing sloughs. Case in
 which the whole gastrocnemius muscle
 was removed, with relief & a cure.

Death from mort. - even if ex-
 ercised - is sometimes very sudden. In

Some such cases, I have suspected phlebitis might have been the cause.

Hæmiplegia has been called a fatal symptom, but I have seen it occur in which the suppurative stage of yester the patient recovered.

When the patient sinks, vomiting diarrhoea, hiccups &c comes on, sinking of the pulse, cold sweat, restlessness,

As to amputation in these cases, it must not be done, if the whole limb is affected; but must be in cases of dead toes, ^{not spontaneous} and other such for we must not expect a good separation, spontaneously to occur.

As to time it was long considered as ^a certain axiom to wait until a complete line of demarcation is formed.

Baron Larrey was the first to change the practice. Others have imitated him. Prof. A. was at first drawn to the practice by a hemorrhage of the post. tibial art. He has never known a case where the limb has separated of itself. Though it has occurred, undoubtedly,

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When mort. takes place spontaneously, & from const. causes, it will be of no use to amputate, but it should be done when proceeding from -
or exys. infl. Prof. H. has always found the arteries of the toes, in such cases, ossified

Sometimes in such cases it will be proper to amputate high up upon the thigh.

Chronic mortification requires amputation occasionally, & if the limb is amputated high enough. In general however we cannot expect much success from ampu. in chron. mort.

Prof. H. has known many deaths occur from delay of amputation. The deaths are often very sudden in such cases, and unaccountable.

The line of demarcation is at first red, and afterwards whitish

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Ecthic fever? This was formerly thought to arise from suppuration but it occurs from irritation or chronic infl. of int. sc. when there is no suppuration. Prof. H. thinks it has always a local cause & is never idiopathic.

Unless it attacks suddenly and violently, as after opening a lunular abscess, it generally comes on insensibly.

[illegible]

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only after an abscess, & open as in dis-
ease of the hip joint, lumbar abscess &c.

A good constitution is no safeguard, nei-
ther vaccination, are there is youth, where
a cause, or an abscess exists. The chance of
restoration of the ~~resting~~ local part is greater
in the young, but the rapidity of the hectic
is much greater in the young. It is in the
that we have "acute consumption"

Indications, are 1st to remove the cause
2nd to ^{abate symptoms} ~~relieve~~ 3rd support strength

1st When abscesses, &c. We may want the
incision, when about to open or ^{will be good for a time} abscess. that is exp. the sym.

2nd to abate the symptoms. relieve the
secretions by calomel, relieve irrit. by
nothing but op. will stop the diarrh.
when it occurs. Relieve thirst by

acid cool drinks. Keep the bowels soluble
by cal. at first, afterwards by the best se-
retory cath. or harvest too much in injection.

3rd To restore strength use opi-
um also. This procures sleep &c. Give bark
&c. Sulphuric acid has been much used
but Prof. H. does not think it any thing
more than a pleasant article. Give nutri-

4x

low, good. If the patient will take no
strong food, he may sometimes be kept ra-
tional on some kind of milk porridge & similar
articles.

Be very particular in ascer-
taining out the cause. Case of a young mar-
ried woman, with hectic. The unsuspected
cause was the breasts - cured by opening
Wounds. Solution of continuity is
a soft part.

There is a great variety in
their nature & the part affected.

Symptomatic, or inflamma-
tion, never usually follows considerable wounds.
This in good constitution, where the wound
is not too severe, is generally short &
easily subdued.

Six kinds. 1. Incised
2. punct. 3. lacer. 4. contused 5. poisoned 6. g.
shot

1st Incised wounds. The
edges immediately retract - but the
first thing is to stop the haemorrh. by
pouring on cold water. by a short com-
pression, with the finger & lint. - some-

times by elevating the limb, as in wounds of the foot - by the dressing merely if the wound is slight - by exposure to the air. If a large artery is divided, it must be tied, but in small arteries completely dividing the art. will often answer as a substitute for tying.

Tying should be by pulling out with forceps if possible, if not, with tenaculum. Use a surgeon's knot for large arteries. it is convenient ^{in the 1st} not slipping -

Leather ligatures sh^d be made of French kid, (with the epidermis pulled off), & rolled round. Buckskin will answer. Leather tanned with bark will not be absorbed. In all ligatures one must need, in order to cut the int. & middle coat. Sec. haem. is now less common.

Mr. Sauer recommends either ligatures cut close off. The knots however sometimes suppurate out. Prof. H. has no experience of the method.

The old method of tying with a needle is not now used if it can be avoided. Other modes of stopping have

or by styptic. by compression. The best mode of applying pressure, is by

Stanger's, Lycopodium, agaric
nitrogenous, also act. canthary.
The latter is especially convenient to use
in the mouth. It is used in other cases, also
by the French.

R

Remove foreign bodies

Bring the edges together. ~~and~~ after clearing
the wound of blood & coagula, bring
the edges carefully together, & apply ad-
hesive plaster. Mode of applying the

Begin at one angle &c. Leave about
a quarter or an eighth of an inch between
the strips.

In the large town, they use
plaster spread by machinery, ^(plaster of Paris) but they do not
use it as if recently spread

Mr. Liston recommends, glazed
ribbands dipped in & smeared with a so-
lution of unglass & brandy &c.

The main indication is for a strong 21
plaster, and made of materials which
will not irritate the skin.

Do not dress a second
time at all unless there is some indication
for it not under 3 or 4 days. Where
artery has been tied do not dress under
a week or 10 days.

Dress a, seldom as possible
unless called upon to do so by accumu-
lation of pus, or other evidences of discharge
etc.

When you dress, do it after
carefully washing and softening the old dress-
ing, and if the wound is large and open
apply a new strip of plaster after remo-
ving one - so as to have but one strip
at a time.

Inflammation should be guar-
ded against though it is the fashion with
many to make no application but the
dry dressing. Prof. H. has been led by
experience of both parts, rather to prefer
wetting the wound with collodion in
the scab, good tepid water the first 5

delicate if they prefer it. Where it is of consequence ~~that~~ with adhesive straps be sure to hold. wait a few hours before you wet the dressings.

In longitudinal wounds of the limb, the rolling bandage, with one end drawn through a slit in the other will be a very useful adjunct. Splints also may be necessary. & proper posture is of great consequence.

Amputation continued. Some would that small ligatures cut the inner coat and thus promote the closure. This is a dangerous mode. Division of arteries is another mode & may be visible in the orbit of the eye for instance, when called to a wound, if the haemorrh. has been already stopped by dressing. Caution about removing the, for fear of reproducing the haemorrh. Generally, let the first dressings remain about a week. Secondary haem. may occur. Prof. H. has been obliged to tie arteries, & cauterize after the wound.

The artery should not be tied in an old wound. The wound should be

dilated. It will not at all answer
to tie the artery at a distance, on account of
the immobility,

In the first place where a
limb is bleeding freely apply a tourniquet

Much has been said about
reunion of parts totally separated. Prof
H. has never succeeded, where the separa-
tion has been total. Yet others have succeeded

The diet should be attended to.
The subject more or less feverish, and of course a
moderate and generally a vegetable diet should
be prescribed. Sometimes also bleeding, &
purg. may be needed. Generally however the
first subside readily.

For it is for some under-
neath and must be let out

Punctured wounds Should be dressed
and the attempt made to heal them as the
same as by incised wounds.

They are more difficult to
heal however much const. m. may be

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one - supuration is apt to come -
It is necessary to debate of the symptoms, are
common and the local pain and infla-
mation are very severe. Case of a lady
convulsed from a prick in the toe, re-
lieved by debility the same to the bottom
(to Phys.)

Where there is any fear of re-
ceiving the symptoms, then debate freely.

Tetanus is often a consequence
of punctured wounds. One case of idio-
pathic tetanus which Prof. H. has seen
differed much in the symptoms from traumati-
c tetanus & he thinks the disease different

Pathology of Tet. is very
obscure. Some have thought the spine was
the seat other can find no disorganisation there

Tet. takes place about 11
days after the injury. Wounds producing
it are less liable to infection, and may have
healed up & from their insignificance
have been forgotten entirely by the patient

Commences with stiffness of
the jaws, as if patient had taken cold

The stiffness increases. Spasms in the jaws
 & neck common which increase and affect
 the dorsal pectoral and abdominal muscles.

The patient, however, after a
 spasm and requests to be allowed to sleep.

The ^{spasms} ~~spasms~~ generally ^{ending} ~~in~~ is
 back wards. Prof. H. has never seen a case
 of cr. p. th. th. th.

The 2nd spasm, given more violent
 & the patient generally expires in one. A
 effort to allow may bring one on.

A good constitution is not
 curable. If the patient is to recover the spasms
 grow less violent. After recovery a stiffness
 remains of the jaw for some time. I have
 known a stiffness of the muscles of the back
 remain for a year.

Treatment 1st Local open
 and dilate the wound - endeavour to excite
 infl. (according to Dr. Ross's plan) by cor.
 sub. in the wound. Baron Sarrey rec-
 omends act. canthary.

2nd Const. treat. - Some-
 times Prof. H. bleed - leeches give relief.
 Some bleed enormously and have cured.

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3rd Phys. applie, & cerebral antrast
until salivation is produced. The gi-
vings largely done by injection. Chap-
man gives injections of antimony & succeeds
Hosack has been strongly recom-
mended in large doses

All remedies must be in
large doses, for small ones do not affect
the system. The bowels are constipated
it is however a consequence of opium.

Cath. must be given. Croton oil promises

Miller's case of tetanus cured by cath. more surely, uli-
factive cases arising from irritation of al can

The putation may succeed
when there were spiculae of bone have
irritated (with thumb) Prof. H. tried
all the case

Bark & wine have cured (Hosack)
Herchel (Rush)

Case of a young man who had
cut his foot with glass. When he first began to
limp, he would fall on the floor & his other thigh
is rheumatic. Cured 1st large bleeding. Spas-
m continued. Landanum beginning

with 2 to 20 drops (any dose) ^{at} evening
 & eventually the pain frequently
 repeated. After recovery he, such was, bent
 back for a long time. Case in South

was given once. 6 hours

Oil turp. $\frac{3}{4}$ - $\frac{3}{4}$ of olive. or rectified
 gave the most relief & first effect. ^{does}
 very much given 3 or 4 times a day. Opium seems
 to do no good & was relinquished. There was
 was long in recovery. ^{the most violent} ^{case was not}

Lacerated wounds - have been

supposed to require a peculiar treatment
 not to attempt the union by first intention.
 There is little or no healing.

Prof. H. however brings the edges
 together & keeps them in contact by adhesive
 plaster keeping the dressing wet. He has
 had not better success. Little or no
 union is effected by the most violent. The injec-
 tion of the cell. mem. with lymph, and
 suturing is prevented. The only rati-
 onable order which they yet recommend this
 practice is Mr. Munn.

Poisoned wounds

The bite of the rattlesnake is a most
 dangerous one to suffer very much from the
 stings of bees & wasps.

It is a question whether the bite of a
 rattlesnake is injurious by absorption or by
 its effect upon the nervous system. I am
 inclined to believe that it produces the former symptom.

Symptoms of phlegm, have appeared
 in some cases in some of these cases.

The tendency to gangrene is very strong
 in such cases. At first Excision. Caustic
 treatment. The French use muriatic acid
 as a strong caustic (old butter of ant.)

After the first shock stage apply blisters
 and treat as for erysipelas inflammation.

For the early shock & exhaustion a
 moderate amount of the best article of opium.

Cordials and stimulants are strongly indicated.

Case of a man in St. Lucia ^{calcutta} - St. Lucia - St. Lucia
 in ten min. we put the finger which was
 felt - 8 grs arsenic in 4 hours ~~for~~
~~for~~ the cordials & antiseptic (acid)
 2 to 4 grs. arsenic & oil of olive in a liniment for

The wound healed in 10 hours.
Several persons, had previously died
of the bite of this serpent.

Case of a woman stung near the
eye. Caused by bleeding & calomel.
A young woman died in 20 m. ^{with the leg by a snake} after being stung
by hydrophobia. Prof. H. was always
cut off part. It seems, to answer.
Prof. H. has performed excision 6 days after
the accident no hydrophobia followed.

Dissection wounds. A wound seems
to be necessary. Various circumstances
are supposed to predispose, but Prof. H.
thinks they are not necessary & that the
most we can say is that the inoculation
does, not always take.

Swelling infl. of the wound
swelling of lymphatics all along the arm.
Count. swells very severe from the first great
prostrator, rather new sc.

Suppuration forms along it
above the axilla or under the pectoral
muscle or within the pleura.

For the patient may recover, with
no suppuration ~~of the finger~~ of the finger, & part

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haps a loss of the finger

Prof. H. has seen it some
times take place to the greatest extent
on wounds of simple puncture e.g. from
a ^{of St. Helen} fish spear. The latter
case related wounded the border of the
wound ^{interwinding} suppurat. all along it
- in the axilla finally in the pleura

Prof. H. has had his own fingers
very sore & for a long time after dressing
gangrenous ulcers & has known women
suffered in this way from washing bandages -
losing the nail &c.

Cautic should be applied to the very bot-
tom of the puncture, & not merely on the top.

Conclusion - Injuries of the vessels
& a rupture of their contents without break-
ing the skin. Ecchymosis is "black & blue"

In favourable cases, the extru-
sated fluids will be absorbed

In others the color changes
become mottled and yellow - &c. The effu-
sed fluids often descend in the direction
of gravity & produce discoloration in another part

In circulation, 1st to prevent further effusion
by keeping cloth constantly moistened with
ice or cold water. 2nd prevent inflamma-
tion, by const. rem. if necessary
3rd to promote absorption, by fomentation,
Camphor and soap &c. It may be
necessary to let out the effused fluid

Sometimes these "bloody ab-
cesses," as they are called by the French
opened at first. Case of a man
whose foot had been crushed in a ra-
mill - pain absolutely intolerable re-
lieved was given by letting out about 2 pint
of effused blood. The swelling after

Prof. H. can derive no rule
from it is agulation of the blood. It
blood is generally dark fluid tar-like

If means for absorption
fail we must make an incision. This will
at least be the case with the old and es-
pecially when the effusion is in a bursa
as that of the patella. Prof. H. has of-
ten been obliged to open the fem. bursa of
the patella - open on the outside of the
tendon of the rectus,

On the abdomen as the same state
of things occurs absorption here is un-
usual. Serious effusion is apt ~~to~~ here and
also here, to follow the letting out the blood.
If the abscess does not heal, inject porr.
sub. & probe the abscess every day.

After a part of the skin is killed
if this is the case, puncture through the dead
part.

Contusions of abdomen Rectification
The hernialia ~~is~~ is suspended
D. abd. immediately swell, constant
aching, great anxiety of countenance so.
restless restlessness no sleep so. Blood
may or may not be voided. Vomiting
may be of blood and immediately.

Bleed at first. ~~the blood~~
value will rise after it ^{separate it} bleeding gives
great relief. The patient will call for it
Apply cold lotion & band-
age to the abdomen. Charge with large
doses calomel & injection, until relief
is obtained. Blister early if there is great
pain.

Thirst

Puffing

Swelling

In the progress of the treatment a blister
may be applied to the abdomen.

The thirst will be very great and is to
be relieved with cold water.

These cases are very severe.
The abdomen will swell up suddenly after
the blow, before there is any time for infla-
mmation, & immediate vomiting of blood
is an important case. A young man
in Prof. H. on a barn yard. Sometimes bleed
all day - was the 20th Dec. large gen-
tles, of course. In 10 or three days may
able to be removed. A phys. who had
received such a injury called for relief
him, in the blood was saying that they assem-
bled in great relief.

After the first stage cordials
may be necessary on account of the shock
of the system. Or at the first where there is no vom-
iting so. Blood, in the of the stomach
may be very dangerous.

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Strains

hardly known

6 writers except Boyer

Extension of lig.

perhaps with rupture. Joints subject
are those with but little motion, and strong
ligaments - we know ankle, wrist, fingers
etc. Shoulder & ~~the~~ hip very ~~rarely~~ rarely

At first the joint can be
moved freely in all directions - enquire of
the to distinguish from fract. & disl.
Many soon effuse. takes place - perhaps
in case of *lux. r. m. c.*

Swelling from cont. by
nature or accidentally being tied. Sometimes
however it may be doubtful or both may be
concerned. The treatment however is the same
for both. Disting. from disloc.
(this is of great consequence)

Prognosis doubtful Boyer
remarks that the ligam. become lengthened
eventually makes great difference rendering
in a more liable (delicate persons) to mis-
take in a little while perhaps in serop. p. 200,
Treat like contusion Boyer

advise cold water at first. Near tepid water for a very delicate her. (prophylaxis)

For const. infl. use ac. pl. Sen are afraid of it. Prof. H. has seen more injury in bandage & ordered will give actual relief instead of pain & will promote absorption. ~~Op. ad. ad. ad.~~

For great pain apply for- mentation. ~~over the~~ or a steam bath. After infl. is subd. apply frict. Give it at times to some Ca phos perhaps to encourage them in using frict.

When the proper time comes use more exercise passive at first afterwards by the action of the scales. There is a golden time for exercise.

A plaster bandage around the joint applied so as to keep the joint out of rest & heat. When pat. first begins to walk let it be ^{of good cloth & stop & rest} light or destruct. of parts by heat.

No part of surg. is empirical. No advantage in dividing into species.

It must be remembered that a burn or scald when slight is merely a blister, just as from canth. or hot water and should be treated as a blister, by eschar- # not covered with blankets, more motion

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the air - base of a child that tower
over the whole body by cantharides, & re-
gas - Dose

If the ~~skin~~ ^{eyelids} peel off imme-
diately after the burn. It may be
sure that the injury is very extensive.

The highest danger is, from the shock
after. perhaps the base is inhaled, when
the clothes are on fire. Prof. H. has seen
however with nothing more than a horse-
reed from this cause & dissection, have
not shown much of this kind.

Containing the vesicles immediately under the
skin are inflamed - vice journals. It has
been remarked also that child. after dis-
section, after the burn - unaccountably,

Weeks is the critical period
when the suppuration

Convulsions often occur
in children when after the first shock
reaction begins to come on.

When any application appa-
rently comfortable has been used do not
disturb it.

Sir James Esdaile contended for

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colic water ice, bleeding, & cathartics
etc. Keilid on the other hand contended
for spts trip & inter. etc. Prof.
H. thinks truth lies in the mean

Where the shock is very severe the
cast must be supported

The best application for the
vesicles is simple cerate - prick but
do not clip off the vesicles. Always
have your dressings ready when you
take off the skin

When the entire surface is sep-
arated the granulation will be visible
and no scar will be left. But for
when the true skin is separated the ulcer
will be long in healing & leave a scar

The best dressing in the
latter case is a mixture of spts trip. &
cerate. Be careful of the shape
& condition of coats equal parts

Prof. H. has seen all sorts of
applications. He at first tried Ben. Bell's
plan of ec. pl but it does not promote
health. Inflammation. Punctures are very
painful & requiring long exposure

6.8

the air and being heavy. Besides this, to not promote suppuration.

When supp is established. The hot linc. cerate will cause smarting and should not be continued - then dress with simple cer. &

Keep the foot dressing as long as you can dress as usual is possible. Keep the air of the room equally warm - ~~or~~ keep it cooler with a warm ~~ing~~ pad near the foot.

In the latter stages especially, if the sores heal over & break out again use sat cer. Before this Prof. H. Turner's cerate of cer. ox. zinc

If granulations do not proceed well use nitrate of silver to check them. This is a most valuable surgical remedy. Dr. Higginbottom's plan of applying it to infl. though it produces smarting at first, alleviates irritability & promotes resolution. (See what Prof. H. Turner says the nit. sil. & zinc).
- mix well

Sometimes for the fungus sulph.

cupor is better than not.

The shock is very severe. Cora
~~could~~ excessive coldness of extremities so.
 Ben Bell addresses opium. Be careful
 how you give of it to Cora. Prof. H.
 gives one dose of ss . & follows up with alcohol
 but. ext least so. When ill.

Cora can depend especially upon cal.

keeping the bowels loose - vide Mother's,

Considerable fever may ensue
 which is to be treated with cal. cath. Gen-
 erally the pain is so great as to require op.
 When it extends & strength fails give
 back

Cotton will do well enough for super-
 ficial burns excluding the air. Prof. H.
 has seen much inconvenience from it in deep
 burns.

Case. A man fell into a
 of boiling potatoes - about half of the cuticle
 from the head to the feet came off. He sank
 a large quantity of sph. Prof. H. applied
 sph. troph. & bala. con, as above. Next
 morning fever high. bled him - cal-

7. Afterwards treated with cal. & according
to symptoms. Supp. Case 11 - Back,
finally back injured & was, smeared w/ cal.
given - ulcers touched with nit. sil.
Recovered well & has the use of his limbs.

(C) Extirpation from Burny The growing
together of the fingers, may be prevented by sep-
arate dressing. The tendons also may
be burnt and contracted. The kept the
fingers straight by splint. The object is
to keep them straight - they can be fixed
well enough after healing. So also of
the feet and toes.

Case of a man with a ridge
of scar extending along the back of the leg up
the thigh - ~~but~~ like a deer's leg - finally
a growth of horn began - finally, had his
thigh amputated.

Contractures sh^d be cured by cutting
out the whole scar - not by dividing it &
separating it there up. This last way fails,
even 1 1/2 in long and wide.

Frost bites

Long continued cold produces a degree of torpor in the system - tendency to sleep. Case of Prof. H. instructor, warned by companion not to sleep; as the frost bit his leg he endeavored to massage it - it was very hot & red when brought to the fire. Dr. D. & Lander

The treatment of a limb partially frozen should be by rubbing with snow or better by putting into cold water - afterwards gradually warming the water

A limb thoroughly frozen cannot be successfully managed in this way so as to prevent inflammation

The infl. resembles that of burn. It may be moderated to at first by ice. pl. & wet. The suppuration may be treated with cerate &c.

When the whole limb is thoroughly frozen, gangrene will come on, beginning externally with dark & ash colored spots & vesicles &c. line of demarcation &c.

Prevent this by amputation

The const. not being affected the operation will succeed. Do not delay the operation too long

Case Gent. in Brooklyn. Thrown
 from a wagon - lay the whole of a very cold
 night - when found in the morning - was
 able to tell his name. He carried into
 the house. blood could not be obtained
 when Prof. H. found excellent coming
 in & bled him "with relief" soon co-
 ma came on. Thought the man
 must die. But eventually amputated the
 fingers - Very bad leg etc. Recovered
 The amputation was delayed & not lost of
 Prof. H. has had many & cases of pro-
 cesses. He always amputates as soon
 as possible

Case at Mr. Althouse

Tumors

Tumors, are very numerous

1st encysted 2nd sarcomatous, 3 medullary

Also malignant & non-malignant

The former may change into the latter

The known little of their origin

Aberrations of the blood vessels arise from an extravasated clot of ~~the blood~~ blood. Dr. E. Hare has

lately advanced a similar opinion

It is undoubtedly true that the nature of the part alters the nature of the tumour, & other
nearly this. (The growth of tumours is
somewhat similar to chronic infl.)

Near the scalp we often find hairs in
tumours. In glands the tumours will have
a glandular appearance. But there is

the adipose membrane adipose tumours

Yes there are many exceptions.

Some suppose tumours arise from hyaline
(which are decided to be living beings).

But this explains nothing

The growth may be rapid or
very slow - or slow & then suddenly, very
rapid. In general tumours seem
to be in geometrical ratio.

As a general rule when
be done they sh^d be extirpated before
arriving at large size

1st Encysted. are 1st atheromat. (curdy)
2nd gellic (honey) 3rd oleo. (fatty)

The cyst is generally from 5 or 6 pague
in size, that have no cyst or even
are generally sarcom. or y. eddall.
There is a kind of tumour ^{of a bluish colour} with a thin cyst,
which appears upon the lip and is covered
cyst very thin filled with matter like that of an egg
or a carcerous & extirpated or medullated is
the remedy, (by dissolving around)

After ^{upon} ~~about~~ the head encysted tu-
mours are very numerous and ~~do~~ keep re-
appearing

Dissecting applications have
been much tried. they do no good and
often change the tumour into a cancer

Cauterizing may be a successful
substance for the knife in small tumours
Such small encysted tumours are extir-
pated away by the cancer doctor and add
much to their reputation.

These tumours are also in the
of the skin and another in a few rare instances

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Cure the tumor. Generally however they
put out as by the growth of
heads up and the tumor continues.

The only remedy is extirpa-
tion. It was formerly directed to be done
by without wounding the cyst. This is dif-
ficult without cutting away much flesh
for it keeps mode of living open the
cyst and then exerting it with heat. The
cyst is easily distinguished by its appearance.

For tumors from an injury the tumor
is firm, and discharges freely. The Prof.
for a while a little caustic is used upon but
safety however he has often succeeded in
such cases in pulling out the cyst.

For thin membranous tumors have to be
cut

For cutaneous tumors are of very va-
rious nature. Some are fatty with fat in large
cells, fleshy & others.

Extirpation, by removing is much
what as may be advisable. remove around
as much by the fingers. cutting near branches
of blood if any removing very carefully pro-
ceeding to the bottom of the tumor & tendons.

Sometimes an infl. tumor is seen
at the top and very ad. ~~to the~~ places are

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formed, and if the tumor must be removed, even ^{for} very old persons, to whom they have previously given no trouble.

~~However~~ ^{These} adenoids do not generally require to be tied. These often appear about the perineum and the art. may require tying - 2 cases, in females of Prof. H.

¶ Sometimes these tumors are very vascular - case in which from size about the size of a goose egg after the first incision a gush of blood by which the tumor was much reduced in size and was extirpated.

The largest tumors are adipose - 40 50 & 70 lbs. ¶ Tumors of the scrotum seem to be an enlarged ~~not~~ ^{not} part in whole or in part. Adipose tumors feel like a bag of cotton - are very irregular in shape and when the skin is pushed along it rises in ridges, from its adhering in some part and not in others. This last is pathognomonic.

Prof. H. believes the whole parotid gland has been extirpated - McE. Clatter glandular ~~tumors~~ ^{enlargements} are apt to be called tumors. Enlargement of the mammae will often subside after child bearing.

Malignant tumours are those unable to return 77
Medullary Tumours

Substance near to that of the brain
Called (Surgus ~~to~~ ^{has} a tube,
may spring from any texture, even
as Prof H. believes, from the meninges.

They have an elastic feel - when
under a pressure they may ^{be mistaken for} feel like an
abscess. They were formerly called cancers.

Their growth is very rapid
~~Prof H. says~~ ^{Prof H. says} ~~one is~~ ^{one is} large as a thigh milk
hail upon the thigh. They are most
common in the young, but are found even
in the very aged. They may spring
up in the testicle, in the eye & in every part
of the body.

They have often been mistaken
for abscesses and opened. The only marks
of distinction are 1st they are at least deep-
ly seated and do not arise from the cell
under the skin, but from deep se-
ated part apparently, & many cases from
the muscles. 2nd not painful in themselves,
only so by pressure & irritation of sur-
rounding parts - and the pain is generally
in a distinct part, and will often

attributed to rheumatism 3^d Local
const. disturbance & hectic

The only remedy is extirpation
but the tumor generally returns, and
often spring out in other parts of the
leg. So that the prognosis must be very
doubtful.

In the progress of the tumor
the patient will suffer nausea, vomiting, &
will grow sallow. They ^{patients} generally recover
rapidly after an extirpation, and are
much pleased with the success of an opera-
tion. Yet the tumor soon returns.

From the late accounts Prof. H. is inclined
in future to reserve in extirpating.

They may be distinguished
from chronic abscesses by an elastic feel
instead of the fluctuation of pus. The skin
over them is not tender and sore, as when
an abscess points.

Distinguished from scroph.
by not beginning in the upper part of the
leg.

If we are in much doubt
we may make a very small incision without
danger closing up immediately.

When they reach ear you will see at first a small gelatinous vesicle, which swells and grows very rapidly.

Many cases related in which they returned in the same or other parts.

Schirrhous or Cancer

They are different states of the same affection. Schirrhous is a hard ~~solid~~ glandular enlargement, malignant tumour. Cancer is the same tumour in a state of open suppuration.

It has been said that infl. may terminate in schirrhous, not so. It seems to result from a peculiar action — we see that tumours, improperly treated with any terminate in Cancer. Most commonly found in the female mammæ.

Found also on the mucous membranes. Cancer of the skin will be treated of under the head of Cancerous tubercle of the skin.

Cancer of the breast for an example.

Begins with an areolar so on a small hard tumour, finally,

inflammation of the skin and it adheres - the nipple retracts - afterwards perhaps and ichorous green issues - next small knobby tumours - next a vesicle which bursts and we have suppuration and an open cancer

The suppuration does not always begin on the outside - but frequently within the substance of the scirrhous. All this while the pain keeps increasing

About this time or sometimes before ulceration, the lymphatic glands begin to swell - appearing like inflamed cords - giving the skin a hard puckered appearance. These inflamed and enlarged glands, appear not only in the axilla but in all directions

The mamma and the pectoral muscle adhere to the ribs and sternum. The swelling affection may extend to the other breast. The swelling of the glands in the axilla may cause so great an edema of the arm that the skin must be punctured. Effusions take place in the pleura or inter-

cancer consumption (cancer) is not
true that the cancer "eats through" as they
say.

The author of the next cancer
treatment is Prof. H. by the way.
The superintendent of prison at Luck is that
the disease begins by a process of the
cancer.

It is, either by the
cancer, sometimes a paralysis of a part,
or all of the limbs, sometimes, the bones break
easily.

It is distinguished from cancer by
being an affection of advanced
life - by ulcerating and destroying the skin
or not beginning, if the muscle is broken
by being not smooth but knobby by la-
minating pains. Cancer destroys adjacent
parts. It has been growing through the
Abdomen all Cancer is always hard to the
touch.

As to the great question, whether
Cancer is a constitutional or local affection.

Other tumors and even simple ulcer-
ation of the lip may terminate in Cancer. Can-
cers are very liable to return, and most so
if their previous progress has been very rapid.

Schirrhous tumors in old persons give

perhaps little, just a little, are very sensible, and the old paths to cancer & their removal

As to curing the Prof. H. does not believe in its practicability. Mercury is to be injurious. Stork introduced canine. Carnichael Smith made use especially the phosphate, fashionable. The London Cancer Institution has been abandoned from want of success

No remedy is to be proposed, any thing but extirpation by the knife. Small ones may be eaten away by caustic but the process is very slow and painful. Caustic applied to a large cancer produce great and highly injurious irritation.

Prof. Smith never knew a female with cancer breast, survive caustic for a year.

It is impossible to say how long it may be before the return in one case (year) intervene

Much is said about the incurability of them after they have become open ulcers. This distinction is not a good one.

When you operate to cure

to cut out all the diseased part including the ^{sub}lingual gland.

Pessures or extirpating is long as they return, if complete extirpation is practicable in each case.

Never an cure the patient with the prospect of a cure by any mode of treatment.

Prof. H. has extirpated a hard cartilaginous schroth of upper or lower Palate & recovered for the time.

Superficial Cancer Occurs oftener in the lip. Generally commences with a small crack in the lip which is neglected & scab forms, and upon examination at this time we shall find a hardness beneath the gland ~~sub~~ under the chin or under the side of the jaw well & harder.

Ultimately the lip becomes excavated, with an ulcer which has cartilaginous edges. Finally the whole lip, jaw &c are eaten away & the patient dies miserably.

Cancers are generally very injurious.

Excision is made by taking out a v shaped piece. Richerand advises to take

the h. with him - the lip afterwards elongating. Lip side wise good.

As to cancer in other parts Prof H. has known ulcerated leg torn in situ it, and one case of necrosis.

With respect to the cancerous diathesis - or a disposition in the constitution there may exist something of the kind, but the practice of telling patients that they have a cancerous humor in the blood is very reprehensible making them very unhappy.

Exterpation is not necessary followed by suppuration.

Cutaneous cancerous tubercle of Mr. Lawrence. Commence with a small insignificant tubercle hard - near the seeds of a pimple - called wart, then by the patient - but they are vascular - often all ulcerate - they may become extensive cancers, and men are subject to them about the groin. Women have them in the pudenda often have them upon the glands penis. Prof H. has seen them about the pudenda.

in case, of a neurosoma - on it blood periodically, at the menstrual periods. These carcinomas, by the way, may occur about the eye and the nose. The success of extirpation is far greater in these cases, than in common cancer. Be careful to cut far enough - with two or three incisions they leave no scar. These cases, are different from *Polymetastases*.

Polymetastases

Intermediate to those between cancer and common ulcers. Appear about the face and nose. An ulcer seems to be formed with a scab. The ulcer is often irregular & bleeding. They are often converted into cancers by extension. In the course of time the scab on is off spontaneously and an open ulcer continues. The ulceration of *Polymetastases* may affect the cell-membr. or the corollage is it nose - or they may not even penetrate the true skin.

The best remedy is arsenic. The most common form is an oint. of white arsenic $\frac{3}{4}$ to $\frac{3}{4}$ cerate. Apply a plaster.

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of the eye day, and then a plaster of
mercurate for a few days. ^{or the eye} at

S. Cooper uses 4 gr. to 402 min. water
3 liq. spirit. - applied in lot. - for E.

There is a solution made by boiling
A powder also of arsenic & lapis calomel
then apply with pen.

Another solution also. It seems that
any form of arsenic will answer.

Prof. A. has cured also by sub. ed.
by real precipitation in the

Occasionally treat with nitric
acid in the healing in the latter stages

There seems to be little need of the
old plan of giving carbonate of iron &c.

I discuss in detail the effect
of the attack of under eyelid. It
may be cured by arsenic if it has not
gone too far. If the cornea has been
affected, cut out a piece. If the eye
is too much affected - extirpate the eye.

There seems to be nothing specific
in the cure of not a tangle - other
abscesses ^{also} are to be treated by exciting a
reaction in this way.

Prof H. has known of a point
of low & clear - also of ~~the~~ a dirt of the
land ~~affording~~ thoroughly a low
of water - in the West-Indies

Subcutaneous tumour in
the cellular membrane

It may occur in any part covered by a cuticle, & are the size of a walnut excessively hard.

First mentioned in Glaser's anatomy
(calling them a tumour of the nerves). Des-
cribed ^{by Mr. Hood} in the Ed. Mon. also & by Mr.
Lawrence in his lectures.

Very painful skin is excoriated and adheres looking like a cicatrix - painful when the clothes rub over it or if they are struck or examined. Not dangerous but so to be less - may continue many years, without change. Extinguish them -

Ulcers

A solution of continuity which gives out pus. Absorption of pus faster than reparative deposition opposite to the process of healing, a wound by granulation. Caused by wounds, open sores, abscesses, injuries. Caustics, acids, irritation of foreign bodies.

Constitutional causes are syphilis, scurvy, scrophula and a general debility in some families, to sore legs, cancerous, oedematous, dropsy, rhegma adolor, are causes.

1st simple 2 irritative 3 indolent 4 varicose 5 specific

1st simple - an open sore after a time a bluish skin covers the sore site - leaves a cicatrix. This is cuticle not true skin. The part underneath is hard cartilaginous.

In simple ulcers as much benefit may be derived from adhesive straps to approximate the edges, as in wounds.

Place over the a process of bandage
to the granulation, rise too high (pound flesh
touch with nit. sil. or sulph. cupri.

Another advantage of bandaging is
to prevent the swelling. Bandage a
whole limb.

Irritable ulcers.

Frequently panicle the adjoining
parts were granulation, absorbed &
bottom smooth. Often irregular in
shape - sometimes however round and
cup shaped. But shun small sized

These ulcers do not bear
bandaging. Frequently touch the
with nit. sil. Sometimes however they
will not bear this. in this case the ap-
ply a solution of nit. sil. 3 or 4 grs.
to $\frac{1}{2}$ oz. or corr. sub. 10 grs. to 1 pt
or the yellow wash lime water 1 pt corr.
nit 32? or 2 scruple in calomel
or black wash which is milder than cal.
32 cal. to 1 pt lime water or apply the
black oxide thus generated

Ala 3 jss op. to 1 pt water. Also water

min. cer. Also ac. fel. 3j to 1 pt
of deco mucilage of slippery elm, the
parts are excoriated.

When fermenting and paalties, shd
not be continued^{long}; they are too relaxing.
The tea are obliged oft to try a va-
riety of applications.

Indolent ulcers,

Usually large granulation, but in a
few days discharge serous & indolent
like curd - white or yellowish or brown-
ish upon the surface. Ulcer excor-
iated as if cut out with a knife - sur-
face smooth - no granulation - edges
often making the ulcer appear deeper
surrounding cell. men b. hard -

Very insensible - Patients will continue
to labour as usual - they apply spirits
salt and vinegar urine &c with no
effect.

In the species, also apply
nit. sil. 2 or 3 times a week - cer. sil.
the tea nit. ac. 1 or drop to 1 pt.
a good application - red precip. 3j

to 3, of course, is an application

Above all other modes is to be recommended the plaster bandage

Take common adhesion plaster or aged
y^h - having a plaster sort enough
to spread & get adhesion - 20 pl. with
tallow or lard if necessary.

Apply the strokes of plaster
so as to approximate the edges. The
apply a compass of bandages - hold
down. Leave a little interval for
pus to escape, or cut a little hole for
the escape of the pus. Leave the dress
on as long as possible - 24 hrs or 48
days. In hot weather it may be necessary
to pass every day - the sore becoming
offensive. This may let the patient
walk about during the cure, it is
the mode.

In children an erysipelatous con-
necia of the neighboring parts. And
sometimes the ulceration suddenly
spreads with rapidity.

Wargen, speak of a strong

ing ulcers But all ulcers may exhibit this appearance

After the coagulation, a flaccid contraction smaller, takes place in the

Varicose ulcers

Varicose veins accompany the either in the neighborhood or over the whole limb

May be cured by proper bandage
 They are ulcers from injury of varicose veins
 Bandage the whole limb

In the hospitals the patients can be cured of ulcers more speedily than in private practice but they are very liable to a relapse

When pat. apply to Prof. H. with a high state of infl. & coarctation - in consequence of an ulcer, he bleeds
 But if pat. is cold & extensor is feeble he gives cal. & op. as recommended by A. Cooper - Prof. H. had however given the ... before using the ...

For various ulcers, & cuts, the
 vene saphena is practiced in the Mass.
 Hosp. (cut inside the skin). In the
 Penna. Hosp. they cut a piece
 after emptying the vein by means of a
 bandage. Dr. Linn cutting the vein by
 tying the vein is not to be recommended.

Cases in which some legs have
 become cancerous, from tampering with the

Propriety of drying up old
 ulcers.

The procedure probably
 has arisen partly from the drying up of old
 ulcers after an attack of fever.

Wood. H. has been in the habit of healing or
 attempting to heal every old ulcer. He has
 never either known or heard of a well
 authenticated case of injury resulting.

They frequently, however break out again.

If plethora arise, it would be better
 better to bleed so as directed by A. C. op.

Specific ulcers are aphlet.
 uoli neltigere serofulosa &c. &c.

Some ulcers cannot be classed
 Sir. E. Home. speaks of a peculiar sore
 upon the ankle, which yield a serous
 discharge and covered with scabs,
 apply, after softening the scabs with a
 poultice and washing them off, cal. or
 nit. oil. or corr. sub. - or ac. pl with
 slippery elm - or poultice with narcotics
 citrate sub. - or dyach.

J. Cooper mentions fungus
ulcers upon the calf of the leg
 - nit. oil. or sub. caps. - - - - -
 apply ac. pl.

Occurs in Corpulent young women - espe-
 cially those who work in factories and stand
 much on their feet & live pretty well.

Port. H. has known several
 women affected with varicose vein, & ulcers
 over phlegm. dolens.

Serofulous ulcers - are
 very bursting - & flabby purpurous, ^{granulations} over-
 lying by the thin skin upon the edges of the

Then some things possible
when I put nit. oil. under it
and if it necessary clip off it is skin
at its edges. Sometimes, there is, only a
very small vesicle with skin. In this
case if they do not heal lay open the
ulcer & touch with nit. oil. They will
then soon heal. Introduce a stick of
nit. oil. upon a quill through the opening
and touch all around.

Diseases of Mammiae

Vide A. Corp. Sect. 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100, 101, 102, 103, 104, 105, 106, 107, 108, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147, 148, 149, 150, 151, 152, 153, 154, 155, 156, 157, 158, 159, 160, 161, 162, 163, 164, 165, 166, 167, 168, 169, 170, 171, 172, 173, 174, 175, 176, 177, 178, 179, 180, 181, 182, 183, 184, 185, 186, 187, 188, 189, 190, 191, 192, 193, 194, 195, 196, 197, 198, 199, 200, 201, 202, 203, 204, 205, 206, 207, 208, 209, 210, 211, 212, 213, 214, 215, 216, 217, 218, 219, 220, 221, 222, 223, 224, 225, 226, 227, 228, 229, 230, 231, 232, 233, 234, 235, 236, 237, 238, 239, 240, 241, 242, 243, 244, 245, 246, 247, 248, 249, 250, 251, 252, 253, 254, 255, 256, 257, 258, 259, 260, 261, 262, 263, 264, 265, 266, 267, 268, 269, 270, 271, 272, 273, 274, 275, 276, 277, 278, 279, 280, 281, 282, 283, 284, 285, 286, 287, 288, 289, 290, 291, 292, 293, 294, 295, 296, 297, 298, 299, 300, 301, 302, 303, 304, 305, 306, 307, 308, 309, 310, 311, 312, 313, 314, 315, 316, 317, 318, 319, 320, 321, 322, 323, 324, 325, 326, 327, 328, 329, 330, 331, 332, 333, 334, 335, 336, 337, 338, 339, 340, 341, 342, 343, 344, 345, 346, 347, 348, 349, 350, 351, 352, 353, 354, 355, 356, 357, 358, 359, 360, 361, 362, 363, 364, 365, 366, 367, 368, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 380, 381, 382, 383, 384, 385, 386, 387, 388, 389, 390, 391, 392, 393, 394, 395, 396, 397, 398, 399, 400, 401, 402, 403, 404, 405, 406, 407, 408, 409, 410, 411, 412, 413, 414, 415, 416, 417, 418, 419, 420, 421, 422, 423, 424, 425, 426, 427, 428, 429, 430, 431, 432, 433, 434, 435, 436, 437, 438, 439, 440, 441, 442, 443, 444, 445, 446, 447, 448, 449, 450, 451, 452, 453, 454, 455, 456, 457, 458, 459, 460, 461, 462, 463, 464, 465, 466, 467, 468, 469, 470, 471, 472, 473, 474, 475, 476, 477, 478, 479, 480, 481, 482, 483, 484, 485, 486, 487, 488, 489, 490, 491, 492, 493, 494, 495, 496, 497, 498, 499, 500, 501, 502, 503, 504, 505, 506, 507, 508, 509, 510, 511, 512, 513, 514, 515, 516, 517, 518, 519, 520, 521, 522, 523, 524, 525, 526, 527, 528, 529, 530, 531, 532, 533, 534, 535, 536, 537, 538, 539, 540, 541, 542, 543, 544, 545, 546, 547, 548, 549, 550, 551, 552, 553, 554, 555, 556, 557, 558, 559, 560, 561, 562, 563, 564, 565, 566, 567, 568, 569, 570, 571, 572, 573, 574, 575, 576, 577, 578, 579, 580, 581, 582, 583, 584, 585, 586, 587, 588, 589, 590, 591, 592, 593, 594, 595, 596, 597, 598, 599, 600, 601, 602, 603, 604, 605, 606, 607, 608, 609, 610, 611, 612, 613, 614, 615, 616, 617, 618, 619, 620, 621, 622, 623, 624, 625, 626, 627, 628, 629, 630, 631, 632, 633, 634, 635, 636, 637, 638, 639, 640, 641, 642, 643, 644, 645, 646, 647, 648, 649, 650, 651, 652, 653, 654, 655, 656, 657, 658, 659, 660, 661, 662, 663, 664, 665, 666, 667, 668, 669, 670, 671, 672, 673, 674, 675, 676, 677, 678, 679, 680, 681, 682, 683, 684, 685, 686, 687, 688, 689, 690, 691, 692, 693, 694, 695, 696, 697, 698, 699, 700, 701, 702, 703, 704, 705, 706, 707, 708, 709, 710, 711, 712, 713, 714, 715, 716, 717, 718, 719, 720, 721, 722, 723, 724, 725, 726, 727, 728, 729, 730, 731, 732, 733, 734, 735, 736, 737, 738, 739, 740, 741, 742, 743, 744, 745, 746, 747, 748, 749, 750, 751, 752, 753, 754, 755, 756, 757, 758, 759, 760, 761, 762, 763, 764, 765, 766, 767, 768, 769, 770, 771, 772, 773, 774, 775, 776, 777, 778, 779, 780, 781, 782, 783, 784, 785, 786, 787, 788, 789, 790, 791, 792, 793, 794, 795, 796, 797, 798, 799, 800, 801, 802, 803, 804, 805, 806, 807, 808, 809, 810, 811, 812, 813, 814, 815, 816, 817, 818, 819, 820, 821, 822, 823, 824, 825, 826, 827, 828, 829, 830, 831, 832, 833, 834, 835, 836, 837, 838, 839, 840, 841, 842, 843, 844, 845, 846, 847, 84

My data is very bad, however
not the hardness of schismus, the not dried
covered with a fine film, felt
when upon puncturing serum issues, but
soon collects again. The tree may be
over 13 lbs in weight - Not painful
Generally a tree of advanced age - sometimes
attacked at 20 years.

Upon dissection, one or more cysts
are found in the body of the breast not being
more enlarged

Sometimes, the cyst inflames &

Suppuration may be caused and destroy
the patient. Sents and stimulating
injections, if used they may prove
fatal. Diagnosis absence of pain
Const. not affected swelling smooth firm
fluid clear. Cure by
surgical. Will not return

Simple chronic tumour of the breast.

Not hard like scirrhus, appears
superficial (~~cancer appears~~ deep seated,
grows slowly not very painful. Exten-
sion. Does not return. The tumour
is composed of lobes like the sweetbread
(pancreas). Cause unknown thought by
some to arise from pressure of clothes.

Adipose tumour of breast
seated under the gland - oc-
casionally of enormous size 14 or 15 lbs.
The large tumours called cancer
are

Possible breast

Globe of the breast slightly swollen, and

border - part, i. H. shoulder - even
 over - inviolability of reserve, spite

Of moderate of temperature. Bleed
the plethora - L. & open - so.
Apply spt & wat. or hard & harden
or some, litharge plaster. After
a few, better than all, a piece of soft
fur or cotton wool. The main thing
is to quiet the alarm about cancer. These
cases occur in a neighborhood where cancer has
been ~~much~~ ^{very} common. Extirpated.

Sackal turn over

Soon after parturition - Caused by an
obstruction of a lactal tube

Butral is a bar cut and let it
with the journal with inner const. to
stop the flow of ink.

Abcusses of breast Hair ~~not~~ let
on milk by St. gl., eff. part of a lacteal
tube. Touch with nat. sil.

Men & women are subject to all
cases when the child is two or older. I mean

Enlarged breast Generally
diminished upon child bearing. Exposed

The breast.

The breast usually enlarges
and is painful from pregnancy
blood. Calverley. &c.

Operation for taking off the
breast. Always remove the whole
glandular tissue of the breast except in
the case of the simple mammary tumour.

Instruments 2 or 3 scalpels
a curved needle, ligatures, sponge
a broad bandage to pass round the
body straps to secure the shoulder
compresses, cordials a pitcher
of cold water

Place the patient on a table with the feet
in a chair the assistant holds the
upper extremities at right angles to the body
Make the first incision in the largest direction
or otherwise in an oblique direction
Make two incisions to include diseased
tissue if necessary, and always include
a nipple which should never be left.
Be careful to make the incisions large enough
If two incisions are to be made make the

lower one first. The claret does
just as it is beside the rest of paper
& finally it is done.

The most painful part of the operation is the cutting through the skin.

The glands, with gloves, in the
axilla can frequently be brought out and
when you have fairly cut down to them
pull them partly out and then divide
the numerous bands, this is much safer
than to cut around them with the knife.

Prof. H. removes the sympathetic
gland first and makes a handle of the
nerve of making a handle of the forest
as recommended by Gibson.

Wait a while before you cross
the dorsal surgeon, say $\frac{3}{4}$ hour. It is
very important to be obliged to expose
the wound.

Give but little medicine, a
general rule after the operation.

Usually in about 4 days
the wound must be dressed with antiseptic
and be a nuisance. Dressing with
the nervous system and the shock

100 to the eye is greater in proportion to the length of the wire taken up in the operation.

Be careful not to move the arm before the healing of the wound. After ^{the} healing of the wound, remove the stiffness of the arm by motion.

Other tumours are extirpated in a similar way. It is too much the fashion to tie the large arteries (as the Carotids) at the present day and the plan of tying in an artery for the sake of stopping the growth of a tumour fails.

Fistula Lachrymalis

This name has been given to various affections which obstruct the nasal duct.

1st Enlargement of Lac. sac. is most common.

2nd Suppuration of Lac. sac.

3rd open ulcer of the Lac. sac.

4th ulcer with aff. of bones or with nasal syphi. Prof. H. has never seen a case of obstruction of the canal leading to the sac but it is a 5th kind.

12th. Character of the nasal duct by a long
 rent of the sac. May be of 15 yrs stand-
 ing which rather goes, further.

Most common in general, who come
 over the fire & live in a room

Generally the duct is only partially obstructed
 tear, flow over the cheek so
 that a gelatinous fluid issues & flows
 it coheres together. There will be a
 sense of fullness, and the patient will
 bring the corner of the eye & a rough
 fluid will issue into the eye & into
 the nasal duct. Tears flow more freely
 with smoke in cold air.

(For this, the distention of the sac
 is as large as a hen's egg - and
 is much more (cystic).)

Some patients in this stage are unable
 to do any thing else

Prof. H. has after a considerable
 time curing the disease in this stage by re-
 ceiving from ft. - 200. nit. pil. dropped
 into the eye - around the edge of the
 lid, with red precipitate sat. cer, or
 cer. in oil. Give calomel

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Prof. H. has never used either the probe or the injecting syringe. He has seen no occasion of ever performing in this way. Mr. Lister disapproves of them. Prof. H. has not used them because the disease cured by the above means, or the process, is of the second kind.

2nd Suppuration. Open the abscess and introduce a stilette.

3rd The open ulcer with complete obstruction.

Introduce the stilette. And generally make a new orifice with a small round edged scalpel just below the tendon of the orbicularis. For instance, Prof. H. has not been able to introduce the stilette at first and has first used a sharp steel knitting needle. For an introduction a gold silver or lead cannula is generally considered.

The stilette will not completely obstruct the passage the tears will pass down.

Prof. H. has never found it necessary to divide the conjunctiva - a practice which Mr. Lister considers - the whole hole closes.

again, Let the child be worn about
6 or 8 - occasionally, cleanse a little
syringing is necessary

For it is, a fracture of the
nasal bone is the cause. Treat as other,
4th Prof. H. has seen a case of fracture
of the bone, (e.g. venereal) - If polypus,
is the cause, cure it

The treatment of post nasal discharge
must be varied by according to the
degree of the aff. its cause & the con-
stitution & health

For it is, says Mr Lister, the
gland in a sac & it can, fully be
treated without inconveniencing the eye

Anecurisms

1st true 2 false 3 vascular
4th an. from anastomosis

In the true all the coats are not ruptured but all of them are distended equally forming a tumour, with an orifice communicating with the artery ^{in the} ~~in the~~ ^{artery} ~~artery~~. It is maintained however that the internal and middle coats are ruptured.

Begins with a small tumour pulsating isomally & the small all the contents may be pressed back into the artery. After larger the decomposition of lymph prevents this.

As the tumour increases the pulsation is disagreeable - more or less pain - numbness from pressure on the nerves - obstruction of the progress of the blood & it last often causes hemorrhages in distant parts as, above or below. Absorption of soft parts or of the artery may be caused. Cartilage however & being the most indestructible parts of

the body resist this absorption

In aneurism, near the surface the point is towards the skin gradually a clot is formed & the patient dies of haemorrhage. Suboral aneurism, besides pointing to the skin point towards a mucous or serous membrane in the latter they make a rent.

Causes, wounds, injuries, & mistakes in bleeding. From the latter cause. The 2nd species or false aneurism arises from a wound of an artery by a mistake for a vein - the blood is contained in it cell. memb.

3^d Varicose aneurisms

Happens from mistakes in bleeding, the lancet being carried through the vein into the artery. The blood at every stroke of the heart issues into the vein (which has adhered to the art.) with a whizzing noise & feel.

By pressing upon the artery above, or on the cicatrix this whizzing may be stopped

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Causes of aneurism - are very obscure
have seen, to be a disposition with the circula-
ting systems of many persons. It has
been found in many instances that the coats
of the arteries in the neighborhood are diseased
being brittle &c.

Postillions
& cavalry soldiers are thought to be more
liable to aneurism, with the lower extremities.
Porters who lift heavy burdens are thought to
be more liable. Old persons also

Occasionally they have
spontaneously cured themselves - probably
by the filling up of the cavity, and the
subsequent absorption.

Treatment Valsalva's plan
was by bleeding and the lowest diet

External application of
proposed

Ligation of the arteries has,
unperformed any other plan
History of the various modes

Things necessary for a small round
 cord and tied very tight 3. The vessels
 should be detected as little as possible. Let the
 aneurismal tumor should be to have as
 little as possible. Take Coop. Surg. Dist.
 One ligature only is now used

The first cause of danger
 is from interruption of the circulation
 producing perhaps gangrene
 The second is from cystic disturbance
 both from the operation & probably
 also in some cases from the interruption
 of the circulation. Thirdly from
 secondary hemorrhage

Cut one end of the ligature
 short. Mr. Lawrence cuts both short
 and lets the wound heal over the
 ligatures, afterwards remove them very
 out

Warm the limb by hot flannel
 Take care however
 not to burn the patient who will be
 very sensible

Take Coop. Surg. Dist.

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Mr Wardrop proposed to tie the artery beyond the aneurism, as in the arterial innominate in order to check the circulation. The operation was, not to have succeeded.

Varicose aneurisms, are more or less inconvenient but not dangerous, and are all pretty much alike.

After the wound of an artery, a vessel subsequently with a small pulsating tumour, ^{but contains all sorts of blood} and we are obliged to cut down upon and tie.

Variae Maternae

These small tumours of a reddish or purple colour consist of a congeries of vessels. They are called marks and some are called cherries, strawberries, eggs &c according to their colour and the recollected analogy.

Sometimes these enlarge and become deeply red or are pulsating and enlarge in the child cries.

When the skin in the neighbourhood

is produced the tumor, called aneurism
from its size, viz. which may

be in these marks, ulcerate
and perhaps, extensively.

The true aneurism from aneurism
tumor, occurs in all its, without any
previous congenital affection - the vessels
enlarge and are tortuous, and the tumor
is pulsating, for a considerable distance
it is pushed from the artery, by pulsation
from the heart by the ~~not~~ original, and
the skin by friction for painless
after ulceration &c. &c.

The swelling grows to a great
size and can be a very troublesome ulcer-
ation. Congenital aneurism are so dan-
gerous in the great &c. &c.

The congenital aneurism are to be cut off
if practicable where they disfigure.

The aneurism from aneurism
have been cured by caustic & by spontaneous
ulceration. The way as thoroughly recom-
mended apply cold lotions constantly, &c. &c. &c.

The most effectual mode of cure is by
extirpation. But not for the late &c.

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though considerable, is far less than if
 they are cut into. Cut quickly, & let
 the assistant check bleeding with their fingers.
 Another mode which is calculated to avoid
 haemorrhage, is that of ligatures, passed
 round the artery. Marshall Hall
 has introduced the plan of passing through
 the artery a white hot needle the heat of the
 needle gradually elongates a ring.

In cases of ulceration of the brain
 Trepan has succeeded by the constant applica-
 tion of ^{nit. sic.} caustic. Another method
 of curing them has been proposed by incising
 the principal arteries leading to the brain
 has succeeded, but the plan is now going
 into disuse e.g. carotid art. after the
 brain is exposed upon the head.

Collected in the

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Duosae murex

of hot abscesses, which have already been treated of

These collections may be found easily, or (by absorption of the liquid part) solid. "I have seen more than a gill of water like 'wild rice' (Prof. H.) in it resist." On the patella they resemble a kind of orange

The joints of the toes also get sore. Old people, however, ~~have~~ ^{are} ~~not~~ ^{not} Prof. H. has seen a chronic case, the same part he absorbed and several hard bodies were left. He has extracted them without injury. He has known a creaking noise from the cause in the wrists of seafarers

It is treated by ac. fel. usually by a succession of blisters. For days lightly to avoid absorption. If they have suppurated a lot of old matter, do not as yet take hot heat with salt sed.

Ganglion, which resist the burning should be opened & squeezed.

Let the patient be in a good position

111 Classification of Poisons

Prof Brallier has been concerned with the effects of medicines from a chemical & physiological practice

1st Exhausting poisons, which extinguish vitality almost as soon as lightning in excessive doses, e.g. prussic acid. The muscles do not contract & the blood does not coagulate (the last effects of it rapidly). Some of the mineral poisons e.g. pot. lites & strychnine. They produce no lesion but destroy vitality.

2nd Narcotics (simple & pure)

3rd Acid narcotics (poor acids & rare which but a peculiar sort of narcotic power which produces no coma e.g. veratrum)

The acid narcotics are evanescent, & are accurate. The former kill & are speedily of the Irritant poisons which produce irritation of the life. e.g. the salts, the acids, & the alkalis.

4th Compound poisons, which possess several or all of the above kinds of poisons.

1st Exhausting poisons, e.g. pot. lites, strychnine. There is considerably mystery upon the subject of poisoning, but the same poisons

well as the is to proceed and so also is
escape. Some will be affected, others escape
We have the death with us oft; but
cannot explain it. There is equal miste-
ry about poisons, noxious - probably
it can eat every sort. In the North of
Europe every bird is eaten.

Poisons, fish are more common in tropical
climates. Even the sea fish appear not
to be noxious in cold climates.

Several species of coral & lobster ^{Cancer} ~~Scorpaenidae~~ ^{Scorpaenidae} ~~Scorpaenidae~~
Cancer ~~maritima~~ ^{maritima} ~~Scorpaenidae~~ ^{Scorpaenidae} ~~Scorpaenidae~~
lobster is poisonous to man. Clupea ~~maritima~~
a species of shad. M. tyli; ed. ~~Scorpaenidae~~ ^{Scorpaenidae} ~~Scorpaenidae~~
is said to be poisonous in tropical climates.

Cyperus ~~maritima~~ (European) ^{Scorpaenidae} ~~Scorpaenidae~~ ^{Scorpaenidae}
is a species of the spec. Black snake genus,
C. de Capello ^(Scorpaenidae) ~~Scorpaenidae~~ ^{Scorpaenidae} ~~Scorpaenidae~~
probably not worse than the Candisora ~~maritima~~ ^{Scorpaenidae} ~~Scorpaenidae~~
(Cathartes) of the Candisora ~~maritima~~ ^{Scorpaenidae} ~~Scorpaenidae~~ ^{Scorpaenidae}
in our state.

The Candisora ~~maritima~~ ^{Scorpaenidae} ~~Scorpaenidae~~ ^{Scorpaenidae}
to,

Candisora with large or headless, narrow
oppression, parietal in the skin, hard,

Spasmodic colicaria &c &c.

Spasms of abdominal muscles, some dangerous
so. Convulsions, & even to death

When recovery takes place the cuticle
comes off, the hair comes off. The strength
is long in returning &c.

Good calls these symptoms, Colicaria
the they are consistent Cholera &
diarrhoea as much as they do colic. There
is a cessation of peristaltic action in the
+ bowels & not caused by it

The Tropical writers say that it is of very
little consequence whether you evacuate
the food or not - that vomiting at first
will revive the patient but in the latter
stage the patient will often die in the act.
They recommend abstinence & remove ab-
solutely all alcohol also opium, other
anodynes - grains of paradisi &c &c opium
These are said almost infallibly to cure
even if the disease is far advanced

The best emetics were mustard & distilled
water of summer has also been used - but
results checked, & with no success
The next best is the liq. per sulph. copper

The 2nd line the largest one was
 The one on account of its effects of it
 bits of shales, is also meagre
 They are said to be in India - part with
 rounded part

note & account to be in part
 in part - therefore in the adj. part
 right cases the effect stops here - otherwise
 the whole line is perfect, the whole body & all
 Color of the little part is just
 color of the greenest India so.

Dr. C. H. A. found that the
 color effect proceed from emission of
 serum. He found also that the part
 might die from the abscess subsequently
 from within the part

For which the death is too speedy
for the administration of any remedy.
For which the vomiting is such as to prevent the
retention of any medicine

The typical effluvia unite the char-
acters of erythema & edematous & as a
consequence of the ex. st. sy. for those of a
cold malignant typhus

Post mortem examination shows
lesions except an infl. near the feet
the Patients generally recover
but they often suffer long after
they have been rendered less phlegm

Urticaria, circumscribed, as the
size of the snake, the degree of heat, irrit-
tion, the part of the body, bitten, the char-
acter of the season of the year, the delicacy &
the apprehensiveness of the patient so as
vary the severity and the danger of the symptoms

The surgical writers make much
of surgical treatment But all the
surgical treatment, as excision &c seems
to be useless, There is abundance of testi-
mony in the periodicals & even in the
newspapers that effluvia & quantities ...

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of alcohol are infallible. Prof. T.
has also conversed with Dr. McBride
& the late Dr. Cabron of N. Y. who had
practised at the South. Accidents are
to be found in our periodicals of giving
a gallon of spirit in 12 hours, with
success. The alcohol is over & much
more effective when combined with
acids.

Similar to acetate of iron, &c.
nitrous. Helonias, erythraea. Get. re-
strains. Hyoscyamus, Hyoscyamine ac.
Cicuta maculata which
destroys, as every year, the vegetation
of various plants - though de-
structive - destroys life as a narcotic
to *Scilla digitata*, &c. & probably
all alcohol.

Good cells, the disease produced
by such articles, Calceolaria, &c.
to be with it properly.

Another set produce common
or epileptic convulsions, e.g. oil of
turpentine, cinnamon, nutmeg - the
essential oil of nutmeg however

Another set, as strychnos, actaea
sc. &c. ~~prodr. de l'empire de France~~

Another set are even ants, as acanth-
delficum, belladonna, veratrum-
sanguinea &c.

Simple violent poisons, as
strychnos, pisonia, toxicodendron
& adonis. Hippo as mancinella
Aroideae, especially S. acuta
& Lemnaceae. Daphne mezereum
Empetrum latifolium. Pedunculi
humiles, Arisaema subacutellum
Cassia if it can destroy life.

Those of animal origin, as
Scorpion, the acia, Certhia
larvae of phalaena venusta
The cantharides, a, nit. sil. the
ant. virus, blue vitriol &c.
Red precipitate & corrosive.

Another set consists of Borax
& the cantharides alkalies &c. Glass

Collection, in the wrist. Dr. H. has suc-
ceeded in curing, after trying dissection
or opening them freely and keeping in a
slip of linen & keeping up infla-
tion.

Amputation, if they do not heal after being
suctioned may be opened & treated with
nit. sil. to create infl.

These collections are not to be confounded
with encysted tumours but the latter grow
gradually from small beginning and
are round. The former spread quickly
and are flattened. It would not be
the collections, tumours that could be mis-
taken for these.

Heaving plate, of metal & va-
rious, mercurial & other plaisters are
sometimes used for their cure

Dr. H. has succeeded, upon
the olecranon of patella, after they
had been opened. & yet filled again
by opening & injecting nit sil. & crea-
ting infl. After pinching the part
it should be kept perfectly at rest

Sometimes it is necessary to inject a sec-

and the

Hard & cartilaginous bodies in the joints are in the bursal space. Also the two situations, seem to have been confounded together. Prof H. has seen some of them and thinks they are rather hardened lymph, ~~the~~ and ~~that~~ they are not cartilaginous.

Mr. Hey recommends a laced knee cap. ~~the~~ Prof. H. has endeavored to support the knee joint by plaster bandages. They cease after a while to give trouble. Case related in which very dangerous consequences resulted from removing them.

If we desire to remove the place the knee horizontally - on the substance of make a free incision directly over it. Fair G. Bell.

Mr. Travers relates a case in which Mr. Young

Fractures

They are subdivided, of course, in bones

1st of the differences which are in the part of the bone the mode of breaking & Compound fractures are those in which the skin is likewise broken

They differ also in the causes of breaking - the direction, nature, & force of the blow - some fractures are complicated with other circumstances

Progress varies according to the injury & constitution, the treatment, & the ^{6th} The formation of callus varies with the treatment. It will be small & quick if formed when the ends of the bones are held closely in contact.

It is said by natural bone-setters about split bones, but according to experience this is a rare occurrence except in case of gun shot wounds.

Bones are seldom fractured in two places except when a heavy body has passed over the limb and comminuted the bone. Bone are often supposed to be broken in two places, in consequence

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of the overlapping of the ends. After
we are to determine for some
time the exact nature of the fracture.
Fractures are distinguished by the
distortion, mobility, use the limb, &
especially by the crepitus. We think
we hear but we in fact feel the crepitus.

The peeling of the skin is, in consequence
of an exertion subsequent to the fracture.
It is common when a limb has been
shortened, for the surgeon to say that the frac-
ture was oblique - but in many such
cases, you can feel the transverse surface
of the end.

Children are subject to partial
fractures or bending of the bone. Prof.
H. has generally succeeded in straight-
ening them - sometimes however you
may break them completely, & the straight-
ening them. Probably one side of the
bone is always broken - an accident.

It is only in the thigh and
leg that we meet with spasm. Hard la-
bour in men and irritable females are
most liable to spasm. Of course con-

found fracture are more liable to cause
spasm.

Old age is a less obstacle to recovery than we might suppose.

Delirium trem. is apt to be produced by fracture, in the temperate

Callus,

Dupuytren made many observations,
1st a deposition upon the fracture is in-
tending to bone, by what he called temporary callus - 2nd no callus, but in some
times, W. Hunter thought there were granulations ^{of the ends of the bone.}

The union of the bone is not firm
for some months, if the patient is unable
to remain to rest is weight upon
the limb - upon crutches and if he
falls it is broken again.

B. Pott says in one month
it is a month a leg in 6 weeks, 3 a
thigh 12 21. The union however, is by
no means firm at this time in any cases
of re-fracture occur from slight causes
after this time.

The setting of fractured bones is generally a simple business. It is done by extension, counterextension and coaptation.

Extension may be made at the nearest joint or further off. Coaptation is of far less efficacy and requires far less skill than used to be supposed. It is, in fact, only when the muscles are covered by thick flesh as in the thigh. By means of his fingers the surgeon can ascertain when the ends are in place.

Splints are applied by drawing the limb after inflammation has gone down. Apply splint as early as you can. Do not bandage too tight and do not the bandages. Treat as spl. do. In some cases a particular attention of splints and bandages may be made. If the limb is excessively swollen you must wait until you have subdued the violence of the infl.

Generally however if you are called soon you can dress immediately.

The symptoms to be attended to are pain, spasms, ~~and~~ inflammation, & constitutional irrit. Relieve these by the usual means. For const. irrit. give cal. & op. Spasms may take the limb and displace.

the only pain for the - and
relief is, bleed so it is

Fractures of ossa nasi

These are very dangerous, as the ends
may be driven into the brain. Boyer
thinks the brain cannot be injured with
a nail but Prof. W. has known two cases of
death from a fl. of brain in consequence
of a kick of a horse upon the nose

Treat by introducing a catheter,
as a director under the bones and squeezing
up with your fingers. If they do not return
their place, keep them there by catheters
& fasten with a compress at the outside
with bandages.

Fract. of cartilage of the
nose twisted keep in
place by straps of plaister

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64 Fracture of Jawes Pair

On one or both sides, often a little lower,
exactly at the symphysis.

Use all pieces - a four reeded
bar made tied behind & above and
then apply a thick ~~bandage~~ ^{Flax} bandage over all.

Fracture of Upper jaw

Lower jaw broken - bones driven into
the alveolar socket.

Fract. of Vertebrae

Prof. H. has had perhaps 30 cases - only
2 recoveries. Paralysis of the
lower limbs in medullary cases, place
retention of urine &c. In the
one. They die in a few days or live for
several days. Fract. of the dentate
occasionally ends in death.

It is perfectly absurd to attempt
to restore the function of the limbs by blisters, &c.
The most frequent special morbid occurrence, even
in young relation, restlessness & fever. Al-
though the legs are insensible & perfectly
paralytic yet they will not sleep, require
their limbs legs to be ~~constantly~~ constantly

moved by the assistant owing to some
irritation at the origin of the cerebral nerves.

The urine is always to be drawn off by
a catheter, which a surgeon should always
keep with him in such cases.

If the injury is above the origin
of the phrenic nerves the patient cannot
expectorate & dies of suffocation.

The bowels generally get stiff
and are constipated. In robust men
may bleed and you may always give
cathartics. The urine finally becomes
turbid & eventually purulent.

When the patient survives 10 days
or a fortnight he generally dies from sepl.
If he lives several months he seems to die
of fever of irritation. Opium is the
principal remedy. Extensive scars
form on the muscles of the back. The urine
has to be drawn off continually.

Fractures, of the Sternum

They usually be distinguished by a gap at the surface. You can often feel a crepitation, when the patient breathes.

Treat by preventing motion of the part in respiration by a band is around the breast with a compress under it. It gives great relief.

When the fragments are forced in and the circulation & respiration are impeded. do not wait for infl. but bleed immediately. the pulse will rise after it.

Afterward apply a blister. Treat with quinine and cal.

Trepans have been recommended. It can hardly be necessary. Pus will not be apt to form if the infl. has been properly checked. if necessary however we should trepan.

In many cases the infl. of the thoracic viscera, though so will continue after healing of the wound. The case however will not be so dangerous as one of phthisis pul.

Fracture of the Clavicle

May result from direct violence or from a fall on the shoulder elbow and hand, and in the first or case there will generally be considerable swelling and the fracture will be between the coracoclavicular process of sternum and the latter often below the corac. proc. of the acromion.

The shoulder falls, the patient carries his head on that side & supports that arm with the other hand his whole appearance is peculiar as he walks very carefully, to avoid motion of the parts.

In some cases the subclavian artery and ~~vein~~ in some cases the lungs have been wounded. Fractures of the clavicle are very often mistaken for dislocation of the shoulder.

Reduce the fracture by placing one hand in the axilla of the other under the elbow.

Place a compress under the axilla & confine it there by a bandage ^{strap} passing from it.

The arms are not very proper in cases
of Fract. clav.

Fracture of the scapula

When the acromion process is broken the arm
falls down, and the parts may be brought
easily into contact by pressing up the elbow
and you can feel the motion of the broken parts
Treat pretty much as for fract. clavicle.

It is said that the union is ligamentous

When the body is fractured pass a bandage
around the body and support it with shoulder
claps

Boyer speaks of fract. of coracoid
process. Prof. H. has never met with a case
It might be necessary to cut some
The ligament of the

Fract. of the neck of the Os humeri
is called when withing an inch of the head
caused by falls upon the ~~humerus~~ shoulder.
Distinguished by the mode of receiving the
injury. Examine whether the fall was upon
the head. The ecchymosis is upon the top of
a shoulder where the injury was received &
not in the fore part near the axilla as in
fracture of the humerus. The deltoid muscle will be
shortened instead of lengthened. The long
tendon will be of a different shape in the
wound. The upper fragment is drawn
upwards by the ~~tens~~ ^{teres m} & ^{subscapularis}?
The lower fragment is drawn downwards by the
pectoralis.

Distinguished from fract. of acromion

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The whole limb generally swells - therefore
begin to bandage at the hand & bandage up
to the shoulder. Apply on the outside of the
arm Smith's splint & bandage over the
splint. Keep the arm pressed in the axilla
and bandage across the body and arm.
Support the forearm, not the elbow with
a sling. Let the elbow hang down.

Fract. rib

Sometimes the rib is fractured at a place
different from that where the injury is receiv-
ed e.g. the neck. Examination
century along the rib when you can a little
fracture open will be produced. You
must search for the emphysema. When
the broken point of the rib is caught, & respiration
halted and all motion of the body is pre-
vented. Prop. H. has succeeded in affording re-
lief and disengaging the end of the rib by
standing ~~it~~ behind the pat. placing the
knee against the back and embracing
the ~~rib~~ with the hands and
~~over the~~ at the time of a full inspiration
pushing in the abdomen.

reat the fract. by a broad bandage
around the thorax supported by shoulder
straps. The most important part of the treat-
ment is that for the infl. of the thoracic
viscera - by bleeding, cal. & opium - &
the exterior - easily by taking off the bandage
and applying blisters. Use demulcents
for the cough. If the blood does not flow
set the hand in warm water.

Fract. of the body of the ^{condyle}
is numeri. Generally distingu-
ed by the deformity, & separation
& conflict. Fract. near the condyles
of the bone are to be distinguished from
dislocation. The arm will be slightly
bent. The fragments will be drawn up. There
will be a depression above them. The
arm by pulling the arm down can
feel a crepitus. In some the int.
cond. is broken off and drawn up without
app. of the joint. If the int. cond. is broken
off it will be bent inward. If the ext. cond.
is broken it will be bent outward.

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Make extension, with the elbow bent, co-
aptation will not be needed. Bandage
the whole arm. Support the forearm
and let the weight of the elbow hang down.

For fractured condyle we shall use a bent
splint and occasionally after a while
bend and extend the limb every day - in
order to secure perfect union at the joint.

In this the splint stay on but about a
fortnight for this reason. There is great
tendency to a premature formation of the
false union especially when the art. rad. is fract.

The accident is very common in young children
and usually arises from a blow
to the lower part of the humerus.

Fract. of both bones of the
forearm. Intra for. fracture

Sometimes one bone is broken in a place
not opposite to the fract. of the other.

Easily distinguished by deformity,

Reduce by taking hold of the hand & pulling
on the forearm at the elbow -

To prevent the union of the ulna to the
radius - cross with ^{two} compresses, rolled
2 or 3 in thick with middle - then over

the splint, which by pressure upon
the coracoclavicular ligament is secured.

Fract. of the body of the
ulna. Easily distinguished
as a flat if necessary dress with
another splint, 3 long lines, apply another
splint on the ~~middle~~ other side

Fract. of the ^{lateral} Radius,
Occurs much like a dislocation of the wrist
and is often mistaken for it. The styloid
process looks towards the palm of the hand
the upper end of the bone protrudes from
the ~~radius~~ ^{project from the} ~~radius~~ ^{the} the lower end
of the radius looks towards the wrist.
Put a long piece on the inside to keep
near the inner end of the forearm.
Bandage apply a splint on it inside
bandage so as to fix the hand back
along so as the hand fall down to rest
the elbow. Leave the fingers out.

Fract. of the olecranon
Put a cloth at the back of the olecranon
Barely slightly. Bandage it down
towards the wrist, do not the olecranon

to it, in the mean while pushing down the
muscle, — pull it up and down it and
sprinkle it. Use a crooked splint
or else fill up the cavity of the elbow —
the arm, being a little bent

The danger is, not of a stiff but of a cold
joint. The arm is, therefore,

Keep the dressing on about 2 or 4 weeks.

Before by now the arm is even ~~from~~
before the period. Exercise the arm only

at first passively, in order to restore the
use of the arm

For compound fracture of the arm see
are very serious accidents. After the ab-
scess is going to be stiff place the arm at
~~right angle~~ ^{little more than} right angle

Fract. of bones of the Caper
From blow, &c. Effusion very great yet
you can generally feel a crepitus

The principal indication is to treat
the joint with. Bleed cal. sp. &
warm or cold appl. &c. Keep a
splint on to prevent distortion

Fract. of metac. bones

Ascertain by prying & feeling with the thumb. Apply a splint to the hand. If the patient wishes, support the hand, applying a plaster bandage.

Compound fract. of the metac. bones are sometimes followed by mortification of the fingers. Take them off, if so.

Fract. finger

Apply a little roller, & a splint of wood. Put a roller over it - Bind it to the next finger. Sometimes they are so crushed that they must be amputated. Still however they often recover when exceedingly crushed.

Fract. of os innom.

In consequence of passage of loads, &c.

Sir A. C. observes that no fract. of the acetab. the hip joint can be done in a person, who disloc. into the ischial notch.

The most we can do is to apply a strap around the pelvis. Purgative & injections will be needed - & a catheter

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Fract. of the lower extremities,
the arms have much easier distention

Fract. of body of os femoris
Joint is distorted - crepit. can be felt unless the ends are too far by each other or too far apart. When broken high up the upper fragment is drawn line and a piece as

Children have the bone, often broken transversely.

To reduce the fracture in a better exposure. Let the assistant take hold under the arm.

Great diversity in the mode of treatment exists. Mr. Poll rather advocated the bent position. Mr. J. Cooper changed his opinion & gave up the bent position.

Prof. H. has succeeded very well with 3 splints one on each side and one in front - especially with children - putting a pillow under the knee. Anesth. & spirit exhibited. The limb will shorten under almost any treatment, in oblique fractures, or actually

The fracture commonly made

by any means - In children the cure
is perfect.

Fract. of neck of os. fem.

An obscure subject illustrated best
by Sir. A. C. who

is wholly within the caps. lig 2nd story
the neck at the root of the great trochanter
although the body of the bone & the great trochanter
for this sort occurs often in the
in aged females - often from very little
force the foot perhaps catching & causing a
fall. (The neck of the os fem. undergoes
a considerable change in advanced life

Fracture - not shocked until after the
passage of several hours - The foot is turned
outwards the heel resting in the
beside the tendo achillis

Desault gives a good diagnostic
mark of all the kinds viz. the trochanter
in rotation does not describe a circle
one can generally feel some crepitation,

most apt to be confounded with
dislocation upon the os ilium - but in the
other the head of the bone can generally
be felt & the bone turned inwards

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In fract. there is little or no excoriation
motion of the pat is hard to induce start
in sleep.

Splints and bandages are often
used. However a broad band is
round the pelvis to bring in the trochanter.
Place a pillow under the ~~limb~~ knee -
sometimes a bolster under the whole limb
Can fix the foot with rolls of cloth or
bellet of wood so as to prevent its coming
out of the bed.

2nd Fract without a caps. lig.

Occurs at all ages. Ises, turned over
limb should about an inch. Occurs
from falls so. Trochanter appears to
be somewhat sunken in - swelling ~~not~~
about it. Appears less like a dislocation.

Pain is often entirely in the knee - as in
the accident is sometimes mistaken.

Do not quite advise, treat, as if you are
fracture. However there is a suspicion
of a fracture.

This fract. is treated by St. Cyp.
with a long splint extending from the knee up
above the hip etc. etc. But it has been

then very successfully with Cedar oiling
splint - He pulls the foot down & keeps it
down to the cross piece by means of a cord
or gaiter

3 Fract through the trachea
it is much shorter. It is a part of
the trachea & is, I suspect too much to
be made - the trachea & may frequently be felt
caused by force on the trachea
Fract. below the trachea are treated
with a double inclined plane.

Separation of the epiphysis of the head of
the bone sometimes occurs. The cannot unite
until it before death. Indeed in all
these cases we must be cautious in our prog-
nostication. Sometimes excessive pain
and long confinement occur without any
obvious fract. and the pat. recovers com-
pletely without distortion.

4 rule, given 1st a roller 5-3
inches are enough for children
2nd a great width of caps. lig. in
very old persons, depends principally on po-
sition. Fract of the body without the
caps. lig. depends on Smith's splint or

Dissect the joint. 4th a track of l
body on S.M. side is a clear sign of
can't be split & Prof H generally ap-
plies another splint on the inside

Track of Condyle of os con.
Caused by fall,

Distinguished by ~~distinct~~ distortion
- the lower end is drawn back & up, & the
the patella seems below the joint

Generally there is much luxation & injury
After the fract is oblique & the upper end
poised the skin & muscle of patella is
thin.

Distinguished by 4th distic.
to greater extent greater but up to 4th

Treat first with 4th in the first place.

Treat ^{next} by 4th; splint on the lateral
sideboard splint applied next 1st a
roller then the sideboard & splint then a
roller over them. Compound fractures
here are very common accident we must con-
sider about an patella

tract. & parallel

in case of direct violence or of a circular
exertion, when the foot slips, the straps to
separate. They unite by a gas-arterial union

& the object is to apply two straps,
close - then together &c.

Prof. H. applies a thick narrow compress
above and below ^{the} ~~the~~ ^{inj.} ~~inj.~~ ^{bandage} ~~bandage~~ also
in order to reduce the infl.

It is proper to keep the thigh well in all cases, keeps
the muscles from acting. Keeps the hip
as low as the hip. If there is no

fracture Prof. H. applies straps, sticking
in water. In all cases apply a splint
we may use a bit of board with sutures
to keep it from slipping up and down.

There is no doubt who ever after it is set
it will have strength. We may come on
exercising the limb, by a motion made by
another person, or by the setting on a bath and
swinging the legs. Secondary fractures,
are apt to occur - they are not
so dangerous they may make the liga-
ments union longer. At the foot walk
with a splint.

Fract. of tibia & fibula

Broken by blow, or by fall on the feet
or by step on the foot. The two bones may
be broken at different places, or the fracture
results from falls, &c.

The union of a fracture in two places is generally
caused by the ^{inadequate} overlapping of the bones

In compound fractures, it may be necessary
to cut off a projecting part of bone. Compound
fractures near the ankle joint are dangerous, especially
when accompanied by the case in powder with a compound
dislocation. Amputation will generally be needed
if a fracture of the lower end of the fibula with a
compound fracture internally are not so dangerous
ours.

In fracture of the upper portion of the tibia
there is a difficulty in keeping the fragments in contact
with each other best. But a pillow under the knee
In every other fracture of the leg the best position
is decidedly preferable by a double incline
plane, or what is often better to place the
limb on the outside. In fracture of the tibia
the upper fragment is generally forced inwards

Damage done to the vessels & nerves
a compound fracture of the projecting end of bone

bandage the whole in a splint & apply a splint
with in the side with a hole for the artery,
bandage over the whole

It is necessary to keep the limb in the
same position of the leg. In the event
of an advantage for preserving the joint in a
certain position.

The time of keeping in
the splint in simple fractures is 6 or 8
weeks. The surgeon must examine &
there is a certain consciousness of strength
in the limb. Upon attempting to walk
the patient feels a pain in the part of a dense
or giving way, the ligaments lie by tan-
ger & perhaps have the dressings reapplied

Sometimes the tibia alone is frac-
tured distinguished by rotating the limb
by sucking the fingers etc.

It is sufficient to put it all that is needed
Prof. H finds it advantageous to treat
as the fracture is with bones

Fract. of Fibula

But will continue perhaps a long time

care and comfort as is the matter.
Examine with the finger for a laceration
by moving the foot. &c.

Soon I had had great relief in express
with my treatment. I apply a roller bandage
and then a slender sheet as a counter-irritant.

Compound fract. of leg

More frequent than those of other parts.

First cut off the foot, sticking &c.

Replace the bone, if possible. Set an
assistant grasp the thigh above the knee
and make the leg in extension.
to be made by another at the heel - the
surgeon attempts to force the fragment
into two places. Perhaps you can in-
troduce your finger into the wound and lift
up the skin. Saw off a long sharp
§ projecting and an inch or two -
a spatula, or piece of sheet lead or tin being
placed under the bone. It may be ne-
cessary to dilate a little with a probe pointed
& history. Do not see much good in
removing fragments.

Extend it ^{carefully} in both directions, & then
lift up the limb and place it upon the
sufferer's back one set of the clips. Then
equalize pressure by compressors place
a clip ^{over} the other - then cross over the splin-
and fix it both with the other set of clips.
Put a band round the foot & lift it
up to cross the knee - to keep the foot
from being passively extended.

It will often be advisable to have another
splint on the outside. Getting the
bandages well be advisable to prevent infl.

It is well to stay by a patient a little
while to see whether the bandages are too
tight or give uneasiness for other causes.

Great anal. is generally followed - it
will be necessary to bleed a strong robust
man. op. Cal. &c.

A patient after the greatest
relief for the time will be afforded by com-
pressing the muscles with the hands.

Soft. of cell. non b. may come on
Collection of pus may occur requiring circ.

to open it. If every thing goes well
 do not remove the dressing for 4 days
 It will be well however to call the next day
 For often there is a deep seated collection
 of matter, which will require to be opened
 by a deep incision. If the abscess con-
 tinues to form with great suppuration
 sloughing of pericostum - looseness of the
 bones, &c. the patient's strength fails
 we must amputate.

In the worst cases of shattered limbs
 they have been treated simply by placing
 them in a trough and covering the wound
 with bran - crowding it down around the
 probably limbs may be saved by this mode
 If the great blood vessels are torn and
 injured immediate amputation will be
 necessary.

Fract of tarsal bones

Generally they are compound, but some-
 times simple.

1st of ft. 62 Calcis. Dress by
 a roller of compresses, then the a ^{boots} splint
 along the bottom of the foot & bandage

If the upper end is broken off and
drawn up by the tendo achillis -
keep the foot permanently extended by band-
ages and a splint & endeavor to keep
down the frog art. Apply warm or
cold applications, or poultices for the infl.

Splints give great relief in fract. ab-
out the joints by preventing the motion.

If the bones are too much broken in
the wrist, a splint must be performed
but better in the leg than at the ankle.
It has been proposed to ~~use~~ as a splint in
some cases as the astragal. & os. calcis.

Fract. metacarp. bones

Dress by plaster or other splints - or
in slight cases by plaster bandages

Fract. of toe

The best splint generally is the other toe -
bind the two together - A plaster band-
age will often be serviceable

a great many cases, in some also
that many incurable cases, exhibit-
ing an artificial joint & a pseudo-se-
rous membrane.

The best plan of cure seems to be to
keep the bones as firmly pressed together
as possible, binding the limb as firmly
as can be endured.

Dr. Thyruck has effected a cure
by keeping a seton through the limb
which produced either inflammation
or granulation. This method has
been extensively tried since that time
both in Europe and in this country -
it sometimes fails.

Dr. Brooke of St. Thomas
cured by electricity, but then he
used also an apparatus.

Dr. White Sen. of Cherry Valley
cut down & bored repeatedly the
bones with an awl he cured - but
then he used an apparatus.

Comminution has been extensively used

As a last resort an incision has
been made down to the bones & the ends of the

bone. For the operation to be, he failed. It has often failed. Prof. Smith tried it once. He had to saw off again on account of overlapping of the bones about 10 days after. The case was successful. But he decided that he never would again perform the op.

Prof. H. gives the preference to the plan by setons. Keeps them in a long time. Dr. Physick kept his in at first 4 or 8 weeks. Prof. H. says that cases have failed from the short time ^{during} which the seton is kept in.

Dislocation

It is of the highest consequence to be thoroughly acquainted with dislocation, so as to be able to set a bone at once.

Failures are peculiarly unfortunate.

Dislocation may be caused by direct violence, by disease of the joint by muscular action as in epilepsy.

The swelling at first and the redness afterwards may render the diagnosis obscure. The immediate swelling is not a

from the same cause. But as it is not
direct dislocation - the hip cannot
occur - many have believed this.

Indications are 1st reduction 2nd
relaxation in place 3rd removal of the
effects of the accident

The principal obstacle to reduction
is muscular action which is overcome
by force applied with sufficient strength
at first & then by gradual force

The British surgeons, chiefly the ex-
isting force to the bone itself. The French
apply it ~~to the~~ at the end of the member

Spontaneous are often necessary for
reduction of the bone ~~at first~~ in place

Prob. that he never saw singular
dislocation. Can be attended with violent
wounds. But such cases are perhaps
occur - can be dis. sprain. e.g. at the ankle

But a dislocation may be attended
with a fracture to the ^{proximal} part of the
glavitation. e.g. at the ankle
and so.

Def

Flexion of lower jaw
occurs on one or both sides the con-
dition is thoroughgoing & the chin is oblique
except the teeth are dislocated
They not occur in children

Prof. H. first cases only that of a young
man curling about midnight

In one case epileptic attack caused a con-
vulsion recurring every 24 hours

Teeth will be 1 inch or apart. It
is a mistake to suppose that the mouth
is wide open. ~~Teeth~~ cases have
been mistaken for spasms of the lower jaw
and

Place the pat. in a low chair
Put the hands as far back on the jaw
as possible - bend down with the hands
& press with the fingers upon the chin

If this fails place a lever of wood
of the press down with one hand
upon that of up with the other at the chin
and press one side at a time

Place the pat. on his back in hard
cases. Bandage for mouth

Injuries to the clavicle are apt to occur
 in a fall or from a violent blow caused
 by relaxation of the arm, being a snapping motion
 of the arm. But the arm is raised
 when you use a lever of the neck
 upper part of the clavicle, at the same time the

Dislocation of the Clavicle

When at the sternal end, it is caused by
 a blow on the shoulder, the bone is project
 ed forward. Reduced by pulling the
 shoulder backwards by an assistant,
 pushing in the end with bone. Or, a
 good fracture clav. Great if in it
 exposed the upper part of the clav. &
 the lower end.

It is also mentioned, one case of
 an unusual dislocation of the sternal end
 of the clavicle. It is a well known
 way, but not

except the fracture of the
 be located by raising the shoulder
 lagging a good fracture clav. with a
 screw in the part etc. They are not readily
 restored to the original position.

Location of Vertebrae

Prof H. has known persons fall, (from a head of hay) upon their heads, & their heads be perfectly perpendicular, but for-
ward & depressed. He has, but is loath
to interfere but if he should have a chance
he would endeavor to trace the
case back

Location of shoulder

Seem to be equal in frequency to all other
dislocations - hardly so.

When introduced, the arm remains
permanently extended from the side
& is almost useless. Sometimes a small
swelling of the arm occurs.

The location can only occur
when the arm is extended from the side.

Boyer thinks the location is
always consecutive. This is the reality
there.

The general signs are depression
above, the head of the bone perceptible on
the arm is directed obliquely.

Dr. A. G. speaks of illustrations

Let Prof. H. consider with authority
 to keep this in possible

Two cases of sides from the
 1st - and at 2nd machinery. Prof. H. is
 never much better. The machinery will
 accidents, but been given, from naval re-
 lation

In recent cases, Prof. A. to. red
 as by the heel in the arilla. 12th Miles for
 nearly of P. Sturges, succeeded in one
 case by placing the other part in the acco-
 nition, thus making additional connection
 to the

Prof. D. the mode

Prof. H. the mode

It is usually found that after a
dislocation is effected, the arm is
in a position of flexion, and the
head of the bone is in its place.
Of possible means the attention of
the patient is to relax the muscles.
For this an additional compress
may be used & a
position of the arm is effected &
first aligning the muscles by
extension.

Compensatory dislocation of the
shoulder occasionally occurs. Cases of
this kind are what the bone projects
through the post. muscle. The appari-
tion can be a chylous, ultimately
the joint dis. occurs by the arm being
brought a distance.

Displacement of the long head
of the biceps. This is probably what
Dr. & Co. called a partial dislocation.
After reduction of the shoulder in
these cases there will be no new
injury. It is removed by raising the
arm, rotating it outwards.

... the

... ..

... ..

... ..

Dislocations of elbow

... ..

... ..

Luxation ~~met~~ does not occur so often as the fracture of it as here.

Prof. H. has an assistant grasp the arm firmly above the elbow - for the Counterextension & then he grasps the wrist with his fingers the ends of the bones, pulls down & forward, & they suddenly bend, the arm. Does with the arm, be in a sling. The inflammation will be considerable.

Dr. A.C. applies his knee, or puts the elbow across the back of a chair.

2nd Radius and ulna laterally. If normally the head of the rad. is in the posterior fossa of the humerus.

3rd dislocation of the ulna alone backwards distinguished by the projection of the ulna & the turning of the hand inwards. Caused & cured in a similar way.

4th Radius forwards its head upon the coronoid process. The arm is

partly from the elbow cannot be completely bent. There will be no contact with the humerus & as mistake is apt to be made in the nature of the accident the shoulder being considered in fault.

Clasp your right thumb on the head of the radius, ~~pass~~ ^{press} with it — make extension with the left hand — then move the arm supine & immediately flex the elbow.

For adults an assistant or two may be needed in order to exert greater force.

Prof. H. has seen many cases & has known many cases of mistake.

Bandage & sling

Dr. Radius back and Sir. A. C. with a case in a subject brought into the dissecting room.

Smith's splints

Fract. of Cor. proc. of ulna

Caused by fall. Keep the arm in a sling. Sir. A. C. Arm to be treated.

Fract. of neck of rad. Sir A. C. by extension with a case

Flexion, of wrist

1st Both bones either forwards (palmar) or backward (dorsal)

Generally discovered easily - may be confounded perhaps with effusion of the synovial cavity - but in this case the projection will be only on one side

May be confounded with fracture of lower end - but we can generally discover the lower end of the radius - the arm is more bent in fract. - also the more projecting end is lower down in dist. action

Let an assistant hold it in place your thumb in the back or against the projecting end, of the bone - your fingers in the palm - extend forearm & bend the wrist up so as to make the hand straight

In the splints

2nd Radius forwards - easily reduced

3rd Rad. backwards - set in the same way - Always apply splints

4th ulna alone bent - Prof. H. has seen it - it end projects forward,

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red. or in the same way. At the
hand hangs down with string to keep it
close up next to the radius.

Dislocation of the Carpal bones

Rare accidents - reduce them as the a
love cases. Great infl. generally attended
with. In this splint.

If the tumour is only from effusion it
will feel soft.

Dislocation of metacarpal bones

Caused only by passage of heavy bodies
- by bursting of joint etc.

Generally compound

We may if necessary see one or two
or a majority of the metacarpal bones.

Sometimes, ^{a luxation of} the distal end of a
metacarpal bone occurs. It feels like
a dislocation, but gives a crepitus. Gen-
erally in most such cases, put a round
body in the hand, but to dress open.

Duration of metacarpal bone
of the thumb towards & backwards
more extension & carry the
bone into its place. Pat. are generally
in pain! of dressings & all come to you
with a sort of a blasé air. Then apply
a plaster bandage

Duration of first phal. of thumb
~~thumb~~ ^{thumb} easily recognized
difficult to reduce - difficult to get
the bone over the projection of the second
phal. met. long

The thumb has been torn off in al-
ter. let's to reduce.

Dir. A. direct to soak the foot,
then apply a piece of soft leather
- then a piece of tape with a hitch
Let the assist. pull on this while the
surgeon pulls in axis. If this fails
he recommence as a pendulum the thumb being
around a head post

Mr. May recd. a severe disloc. of his
" Beyer failed in one 10 days old
I've used the other way & succeeded

The second phase is easily reduced

After all sort of things as the
splints give great relief they will
leave them

Subluxation of hip joint

4 directions 1st upwards upon the
dorsum of it. knee & leg turned
inward limb 2 in. short. head of the
bone can be felt. Buttock flattened
Trochanter higher up & pointing
Dist. from fract. much of the
bone being fixed not easily moved
necessarily by the leg ^{not} turned outwards &
This is the most common kind

Prof. H. has succeeded by the
reverse mode. Pass a short arm of a
pinnae ^{make a strong loop} a handkerchief around
the leg just below the knee - one assist-
ant pulls the thigh outwards by a napkin
the surgeon rotates the leg to outwards & the
bone comes into its place. Two assistants
will be needed in adults

Sir A. C. advises in the first place
on the neck, by v. s. 10, 21 or 22, or 23.
care both 5 lob. on it. Place the
pat. between the two strong points with
staple. Pass a string over a, the per-
oneer 5 ^{to the first staple} fasten another by an
at (below) above the lower 5 fastened to a
pulley - make exten gradually fur-
ally when the muscles are relaxed & it
lead is drawn down, then rotate outward
as above. It may be necessary to lift
the bone outward, to get it over the edge of
the chin.

2nd Op. into for an. case
Limb length. 2 in. - stands out from the
other body bent forward - has two
neurotomas
Caused by force applied to the upper
part of the thigh.

Sir. A. C. further, the body firmly
immobilized by a plaster, parallel towards
the surgeon with his hand on the antehi-
um and by cranes the limb over the op-
site one.

3rd back end into ... noted
 ... shorter ...
 ... turned forward

... turned ... great ...
 the ... of the other ...
 ... head of the ...

Red ... (...) about as the first
 except that the ...
 ... by a ... around his neck

4th ...

...
 ...

... by falling back ...

... on the ...

...
 ... head of the ...
 ...

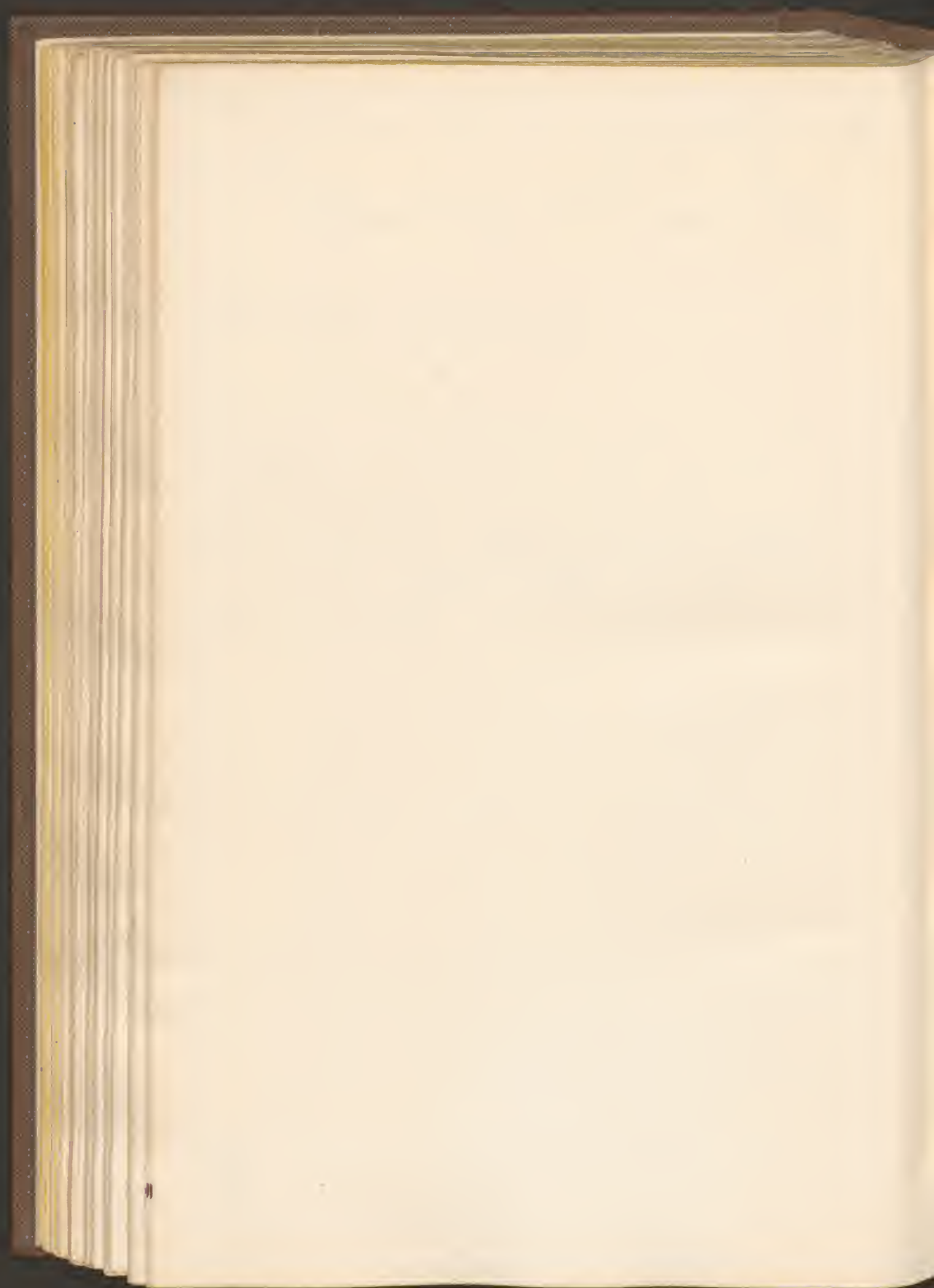
...
 ...

2 in for. w. 1 on as pulis Sir. & Co.
Boyer doesn't direct pulleys

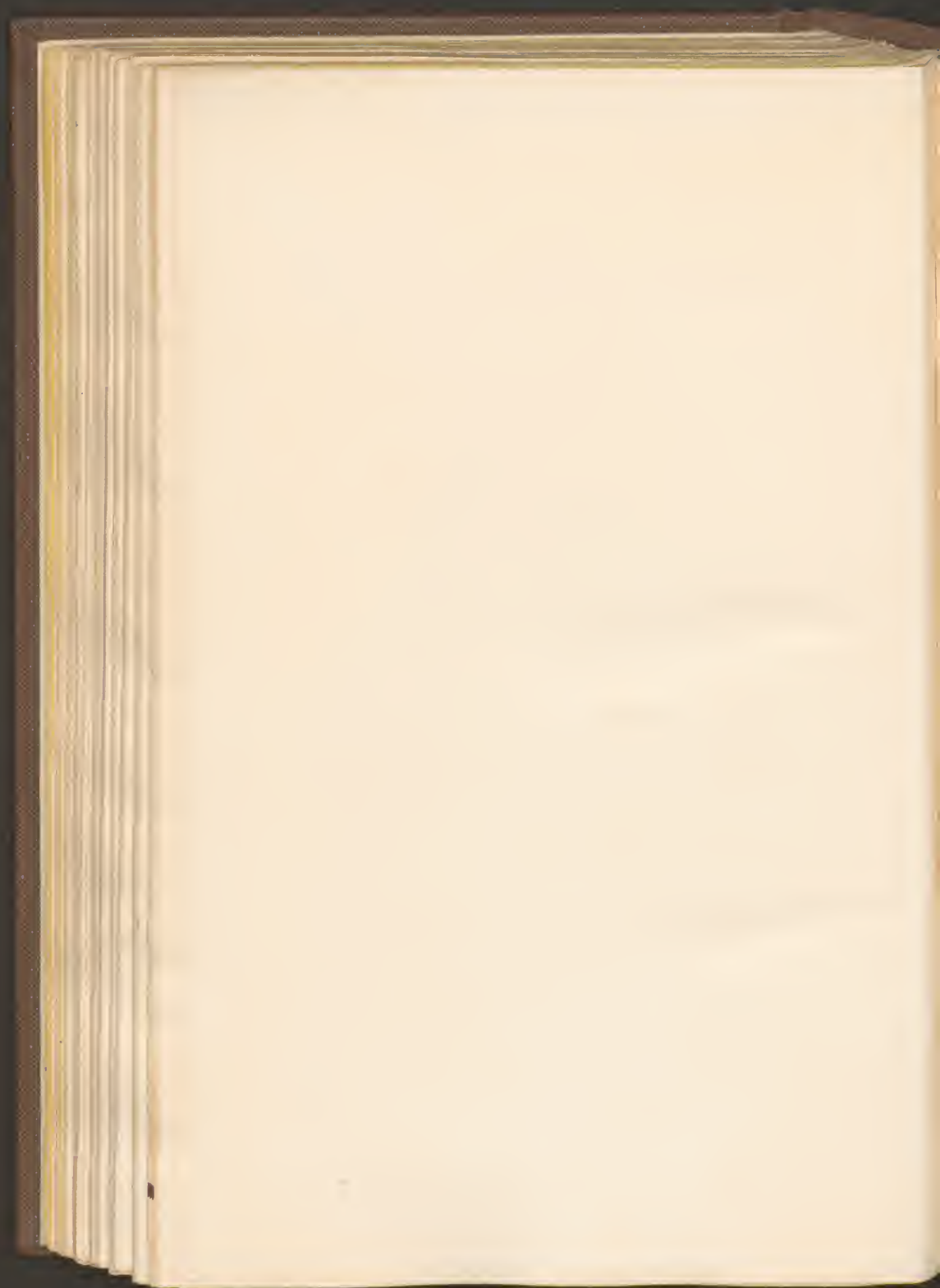
Sincerely yours

After red ct. apply a 8 bandage
Treat for const. with. Sirrict.
Blue & cath.

MS
B
327
v. 13

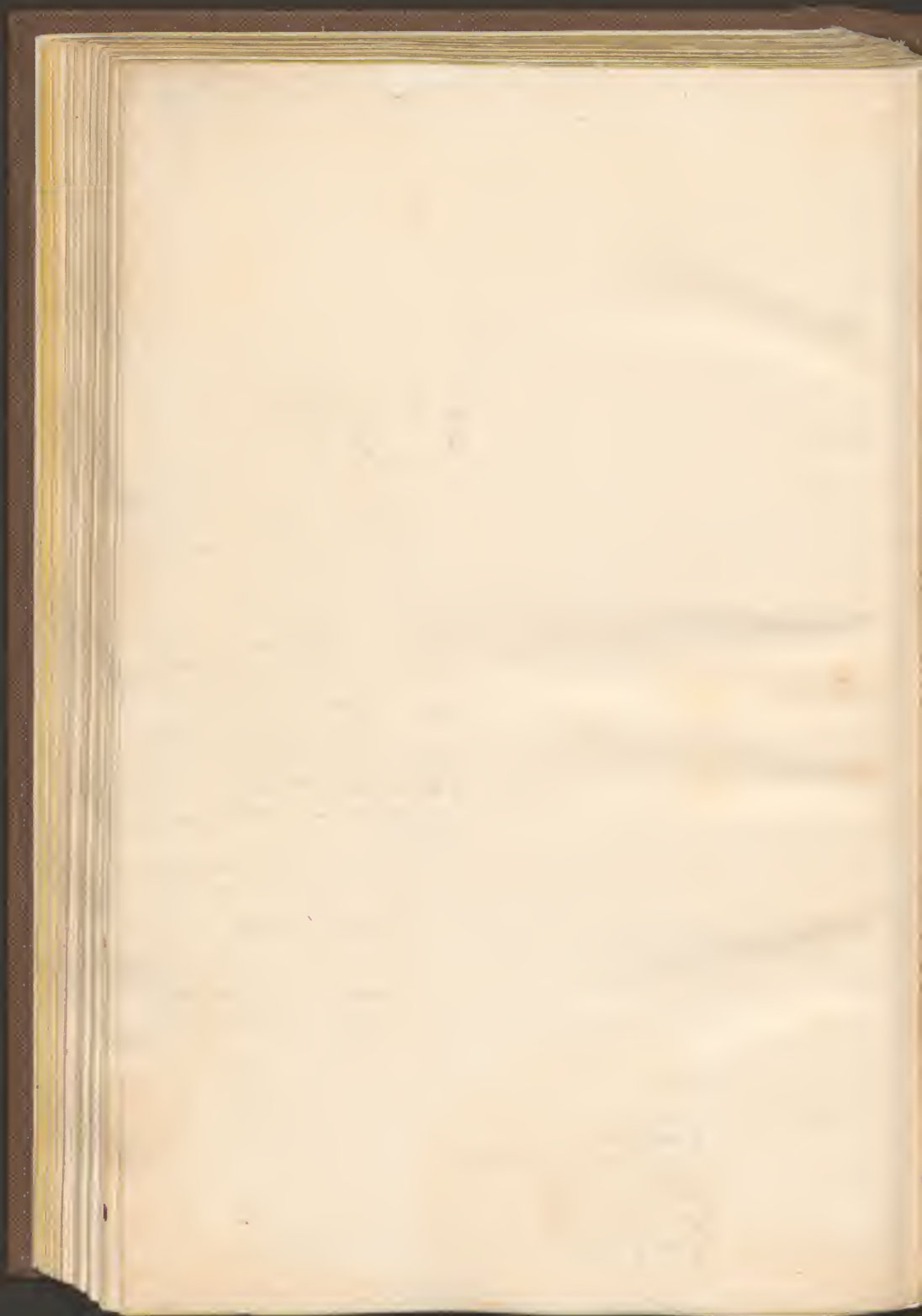






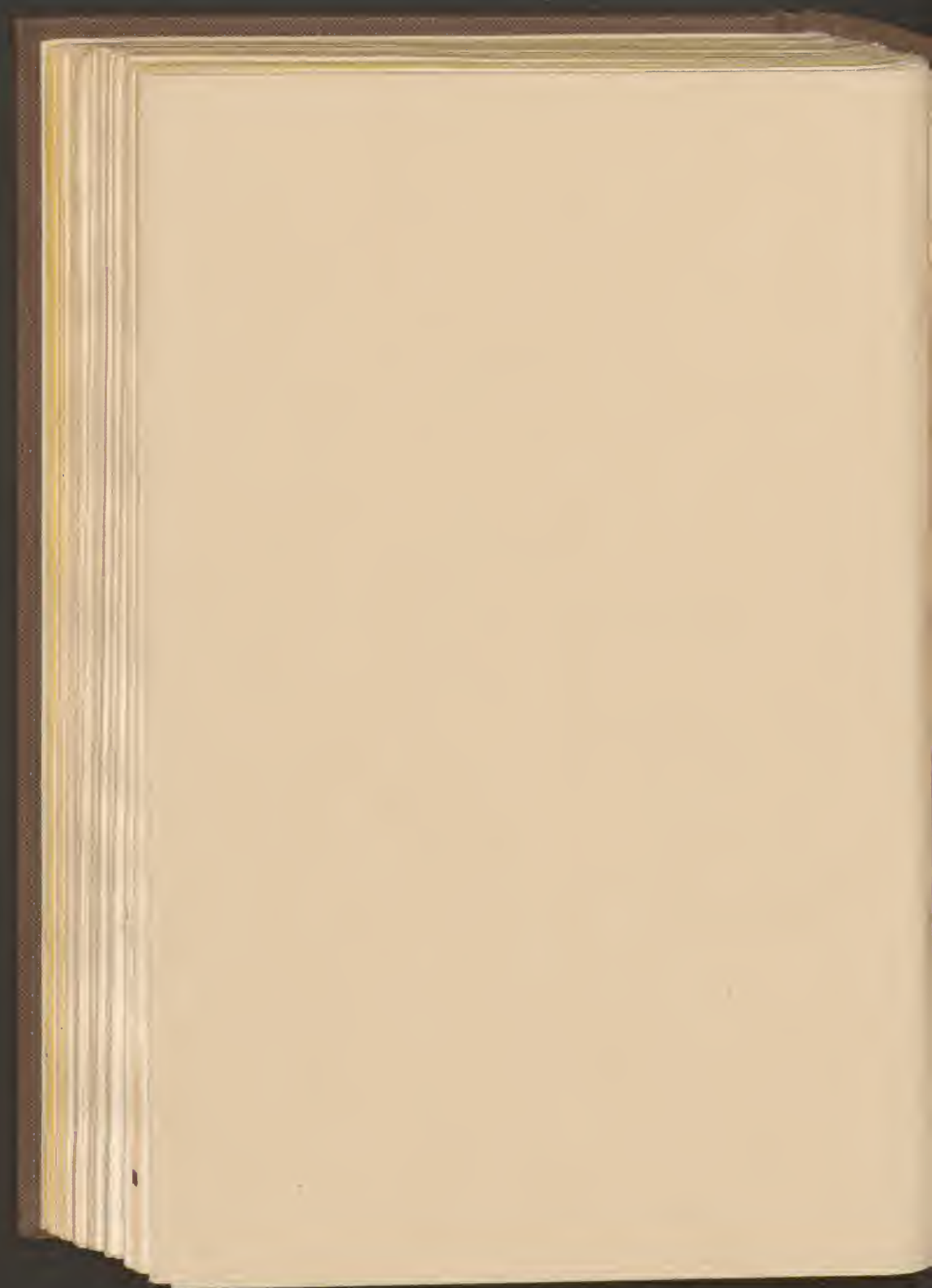
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Ives. Tully. Vol. 13.
National Library of Medicine
Bethesda, MD

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Treatment: The volume was collated and disbound. The inks were tested for solubility. The head, tail and pages were dry cleaned and washed and then buffered (deacidified) with magnesium bicarbonate solution. Tears were mended and folds guarded where necessary with Japanese paper and rice starch paste. The volume was sewn on linen tapes with linen thread. Windsor handmade paper ends with a linen hinge were attached. The volume was case bound in full cloth. Title information and lines were stamped in gold foil onto the spine.

Northeast Document Conservation Center
April 1986
SO:SO/JN/MW

